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ABSTRACT

The document contains the final report of the Special Programs for Individualized Needs (SPIN) program designed to develop a demonstration model for training day care personnel to identify developmentally delayed or emotionally disturbed children and to program for them within the regular day care setting. Major objectives were to develop diagnostic and individually planned programs to improve the competencies of children with developmental deviations, to develop a system for integrating individually planned programs into the general curriculum of a day care center, and to develop a system for training teachers to do the above. Among accomplishments were collaboration of two agencies to improve services to young handicapped children and upgrading of skills of day care employees. Objectives and outcomes are outlined for direct service, inservice training, special service, parent/family participation, and child assessment program components. Also reported are training for personnel from other agencies, demonstration and dissemination activities, coordination with other agencies, accomplishments related to state and local planning, future directions of the SPIN project, and budget. Appendixes, which make up over half the document, contain a report of the project as presented to the Mile High Child Care Association Board and the SPIN preschool manual which provides guidelines for assessing the developmental levels of young children with special needs, for programing for this population, and for helping these children grow and learn in regular day care or Head Start settings. The manual contains information on staff training workshops, tips for classroom instruction, and numerous forms, checklists, and planning charts. (SBH)

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Handicapped Children Early Education Program

P.L. 91-230 Title VI, Part C

Final Report
July 1, 1974 to June 30, 1977

SPECIAL PROGRAMS FOR INDIVIDUAL NEEDS

SPIN

Mile High Child Care Association
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Denver, Colorado 80218

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Byron Wight (terminated)

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ABSTRACT

Project Title:

SPIN - Special Programs for Individualized Needs, formerly known as Comprehensive Support Program for Handicapped Children in Day Care Settings

Project Director:

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303/355-1618

Goal:

To develop a demonstration model for training day care personnel to identify developmentally delayed or emotionally disturbed children and to program for them within the regular day care setting.

Major Objectives:

1. To develop diagnostic and individually planned programs which will improve the competencies of children with developmental deviations.
2. To develop a system for integrating individually planned programs into the general curriculum of a day care center.
3. To develop a system for training teachers to do the above.

Characteristics of Children Served:

Children with developmental and/or learning lags stemming from Central Nervous System dysfunction, language problems, emotional disorders and/or abuses, who are 2½ to 6 years of age and who are in attendance at a day care center. All children come from families who receive A.D.C. funds.

Major Project Components/Activities:

Four day care centers are directly involved in a training and service program which encompasses the following:

1) A demonstration classroom located at the Kennedy Child Development Center. Class meets three mornings a week during the entire school year.
2) Developmental classrooms in day care centers.

3) Teachers are trained on-site in the demonstration classroom and in their own classroom by SPIB facilitators.
4) Teachers are released bi-monthly for curriculum workshops held in demonstration classroom and for weekly behavior workshops in their own settings.
5) Two hours a week is allotted to training of directors of day care centers.
6) Individual parent program in day care centers and group meeting monthly.

Unique Features Special to this Project:

1) Utilization of the interdisciplinary expertise of a child development center in the implementation of a system for early childhood educational intervention for the handicapped child which will serve as a model and a training project for the Mile High Child Care Association.
2) A resource Support Committee which coordinates and monitors the activities of the project and allows for a collective decision-making process across agencies. The Resource Committee consists of parents, teachers, center personnel, consumers and professionals from both agencies.
3) An advisory council links the project with the community at large by including legislators, members of the Department of Health and Hospitals, Developmental Disabilities Council, local universities and the members of the Resource Support Committee.

SUMMARY

During the three years of the SPIN Project, the Mile High Child Care Association, in collaboration with the John F. Kennedy Child Development Preschool designed and implemented a system for integrating handicapped children into a regular child care program on a non-categorized, developmental basis. The development of an administrative management system to identify, screen, and refer children in need of special services, the training of teaching staff and program directors, and the securing of important community service agency linkages have established the capacity of the project to implement the system in other day care agencies.

BACKGROUND

The purpose of the SPIN Project, Special Programs for Individual Needs, was to develop a system for delivery of services to handicapped children so they can attend and profit from regular day care. The Mile High Child Care Association (MHCCA), which has the capacity to serve approximately 1,300 children per day within the greater Metro Denver area, was the host agency for the project. Preschool staff from the John F. Kennedy Child Development Center,

who were experienced in creating individualized programs for special children, were enlisted to provide the training, services, and role-modeling experiences to the staff of the Mile High Child Care Association. For the past three years, seven of the thirteen MHCCA centers were designated as target sites. The model was first developed to train the staffs of four centers and was then replicated within an additional three centers during the third year of the project.

THREE YEAR OVERVIEW - YEAR ONE

The major portion of the first year of the grant was spent overcoming the inherent difficulties related to interagency cooperation. The natural resistance of the host agency had to be allayed both in regard to children with handicapping conditions and in regard to agency change.

Issues Related to Effecting Agency Change

1. There were many ambivalent feelings about participating in an endeavor which meant more work with no clear profit, either monetary, promotion-wise, or through better working conditions.

2. Attitudes of workers towards obviously handicapped children had to be explored.

3. The overall design and purpose of the project had to be made clear to line staff.

4. Administration changes within the host agency were necessary in order to incorporate the SPIN concept.

Methods Utilized to Effect Agency Change

1. During June and July, 1974, the Project Coordinator, the Special Services Coordinator, and the Mile High Education Coordinator met with Center staffs in a series of sessions which explored feelings, identified people who

were particularly interested in working with the project, and which ended in a commitment from staff to be involved in project planning.

2. During August, the Special Services Coordinator, using slides, videotapes, and films, acquainted the center staffs with handicapping conditions, and delineated the number, range, and severity of handicapped children who had been referred to the centers. Center staff were included in planning for the numbers and types of children with handicapping conditions who would be served by the project.

3. By September, each center had received a packet containing a job description of the SPIN classroom teacher and the teacher trainer, as well as a description of the duties and obligations involved in being a SPIN representative. The packet was followed by meetings between day care center staff and JFK staff for extra clarification.

4. By September, the calendar of events which included screening and identification of children, visits of the teacher trainer to each center, visits of SPIN representatives to JFK, scheduling of the LAP's and McCarthy Scales had been approved by all centers. The center staffs chose SPIN representatives on the basis of their own needs as well as the needs of the project.

5. By October, SPIN representatives had written their own goals and objectives which were used at the end of the year to measure the success of SPIN representatives' training.

6. By September, the SPIN Training Coordinator initiated a weekly seminar for directors to provide them with an in-depth understanding of the problems of children with handicapping conditions and the skills teachers need in order to work with them.

7. Administrative and organizational structures within the host agency (MHCCA) were reviewed. This review resulted in the development of a full-time

special service coordinator position. This position was placed within the middle management ranks of the day care association. The special service coordinator became responsible for all inter- and intra-agency coordination related to children with special needs. Policy adjustments were made within the existing system and therefore were not viewed as originating from the outside.

THREE YEAR OVERVIEW - YEAR TWO

During the second year of the project, training was concentrated on the training of other middle management personnel (center directors) as well as on day care teachers. Considerable effort was made to provide a system which lent support and credibility to the "front line" staff. The Project Training Coordinator developed a Center Director training program which was designed to aid Center Directors to deal with additional administrative problems related to serving handicapped children. While a cadre of well-trained direct service personnel is essential for providing therapeutic day care services, it was found that direct supervisory support of such efforts is equally essential.

During the second year, SPIN representatives who had participated in the first year of training were also prepared to disseminate the SPIN concepts and to teach the SPIN techniques to other day care personnel. These trainees were taught how to communicate their acquired knowledge and skills to other interested day care personnel. As more children began to be referred to the agency, and as the agency began to institutionalize the concept of "mainstreaming," the demand for training in other centers increased. The need for personnel with both individualized programming skills and training skills assumed agency priority. The agency itself was therefore ready and eager to use their own trained people in the third year.

THREE YEAR OVERVIEW - YEAR THREE

In the third year, SPIN trainees began utilizing their acquired skills and training knowledge in three additional centers. Under the supervision of the teacher trainer, SPIN trainees were assigned to an affiliated day care center. Working in teams of two, these SPIN teachers began teaching teachers from these three centers to develop a SPIN component. A tentative training manual developed during the second year was used to guide this effort. Through field testing, the manual was refined and submitted for printing June 1, 1977 (See Appendix).

The training process of the third year, utilizing trainees as training adjuncts, proved very effective. The centers receiving training readily accepted personnel familiar to them and familiar with the role of day care teacher. They acknowledged the expertise the trainees had acquired during the previous two years. The combination of highly qualified teacher/trainer and SPIN trained (adjunctive trainees) paraprofessional day care teachers was a very effective training model. This model accelerated the training process.

RESULTS

As a result of the SPIN Project: 1) the entire day care system has adopted developmental intake procedures [illegible] and screening and educational assessment procedures in all of the 14 centers. 2) The position of supportive service coordinator was made a permanent agency position by action of the MHCCA executive board. 3) The Denver Department of Social Services has recognized the day care agency's increased capacity to serve children with "special needs" and has increased the number of "special needs" children which it refers. 4) A resource book was developed to provide the consultation and services necessary to meet the additional needs of special children by utilizing existing community agencies. 5) The supportive service

component has become an integral part of the agency in its efforts to provide comprehensive services to all children enrolled. (See Appendix)

Spin-offs from the SPIN Project include the development of two additional projects: As a result of improved screening, assessment and curriculum, the MHCCA was the recipient of a Title XX grant. The purpose of this grant is to develop a therapeutic day care system equipped to meet the needs of abused, neglected, exploited children as an alternative to foster placement. In addition, the day care agency has entered into a cooperative venture with Laradon Hall, a large private agency serving retarded children. The purpose of this relationship is to provide a stimulating placement for young children "at risk" for retardation and to allow a child's parents some respite from demanding care-taking responsibilities. Additional benefits may include a rate increase for special needs placements from the county. This will result in a higher child-teacher ratio for children displaying special problems.

SUMMARY OF ACCOMPLISHMENTS

1. Collaboration of two agencies to improve services for young handicapped children.
2. Upgrading of skills of day care employees.
   A. Screening of handicapped children
   B. Assessment of handicapped children
   C. Programming for handicapped children
   D. Administrating programs for handicapped children
   E. Development of supplementary services for handicapped children

DIRECT SERVICES TO CHILDREN

	74-75	75-76	76-77	TOTAL
Children Screened	177	151	204	532
Children Evaluated	24	39	45	108
P.S. Follow-up (Kindergarten)		16	19	35
Children in Special Programs	24	25	24	73
McCarthy Scales	24	25	24	73
Houston Test of Language Development (Part II)	24	25	24	73
Peabody Language Test	24	25	24	73
Oral Peripheral Exam	24	25	24	73
Audiological Testing	28	29	28	85
ITPA	6	7	6	19
Yale Developmental	13	14	3	30
Bayley Developmental	3	4	2	9
Psychological Exam	4	4	7	15
Plan Therapy	2	2	5	9
Full-Scale Evaluation	3	3	4	10

PROGRESS OF CHILDREN ENROLLED IN SPECIAL PROGRAMS

Percentage of developmental improvement relative to age norms as measured by LAP:

Gross Motor	20%
Fine Motor	10%
Social Development	11%
Self-help	8%
Cognitive	16%
Language	18%

Percentage of behavioral improvement as measured by Connors Behavior Scales:

Attending Behavior	80%

TRAINING

SPIN Representatives	12
Day Care Teachers	37
M.A. Students (special ed.)	7
Psychology Fellows	4
Speech Interns	6
TOTAL	66

INDIRECT TRAINING (Visitors)

Supervised Observation	1000
TOTAL	1000

WORKSHOPS AND SEMINARS FOR COMMUNITY

Child Health Associate Program	3
Parent Groups	3
Social Services	4
Department of Institutions	6
Head Start	12
Public Schools	5
Universities	9
TOTAL	42

DIRECT SERVICE OBJECTIVES AND OUTCOMES OVER THREE-YEAR PERIOD

The overall goal was to demonstrate the inclusion of comprehensive early education in the day care program as specified by the following objectives:

Objective I:

To screen all children yearly in the seven target day care centers six weeks after entry into the day care program.

Outcome:

Five hundred and thirty two children were screened in the seven day care centers over a three-year period; 108 children were referred for further evaluation.

Objective II:

To evaluate, staff, and place children in appropriate therapeutic settings by one month after screening.

Outcome:

Thirty seven children were selected for the SPIN classroom (criteria for placement based on two or more developmental lags and/or emotional

disorders not caused by social maladjustments completed by the target date); 35 children were followed in public school kindergartens with liaison and continued remediation in day care centers; 36 children remained within day care centers with specialized programs.

Objective III:

To administer standardized testing on all children identified as having two or more lags upon entrance into SPIN program.

Outcome:

Seventy-three children were administered the McCarthy Scales; 73 children were administered the Hejna Articulation Test as well as the Houston Test of Language Development (Part II), the Peabody Language Test, and the Oral Peripheral Examiniation. In addition, the ITPA was administered to 19 children on a selective basis. Eighty-five children received audiological testing. Thirty children were tested with the Yale and 9 children were administered the Bayley. In addition, 15 children were seen for projective psychological examinations and play interviews. Of these 15 children, 9 were seen twice weekly in play therapy.

Objective IV:

To develop a system for quarterly evaluations of child progress with recommendations for clinic evaluation when necessary.

Outcome:

Four staffings were held yearly in each of the target centers. These staffings enabled the day care center staffs to monitor progress of the identified handicapped children. Personnel attended from the JFK Clinic and other agencies, such a psychologists, speech therapists, social workers, and other ancillary professionals that had contact with the child. The

last staffing of each year included follow-up plans for children entering new programs or the public school system.

Spin-Off:

The centers have adopted the staffing procedures initiated for handicapped children for all children in order to individualize curriculums and improve the educational quality of the day care program.

INSERVICE TRAINING OBJECTIVES AND OUTCOMES FOR THREE-YEAR PERIOD

Inservice Training Goal: Day Care workers will be able to make intelligent referrals and will be able to carry out remedial programs for handicapped children within the regular day care setting. The following objectives were written to meet this goal:

Objective I:

When presented with a classroom referral checklist, day care workers will be able to report accurately. Criteria for accomplishment is 76 percent correspondence between referral checklists and developmental test results.

Accomplishments:

Ninety percent correspondence between referral checklists and developmental testing.

Objective II:

The SPIN representatives will be able to identify the child's developmental level in the areas of fine and gross motor, language, social-emotional development, cognition, and self-help and will be able to program for the child whose development is lagging in one or more of these areas.

Accomplishments:

All 12 SPIN trainees were able to administer the LAP adequately. The mastery of the LAP was determined by videotaping each teacher administering

the LAP. These taped sessions were jointly evaluated by the day care center teachers and the JFK training teachers.

Spin-Off:

MHCCA adopted the LAP as the general developmental evaluation tool for all enrolled children. Extensive training has been requested.

Objective III:

SPIN trainees will demonstrate an increased ability to use standard pre-school equipment and curriculum in order to program for the handicapped child. Criteria for accomplishment included analysis of anecdotal records for behaviors which document change over baseline data, and written feed-back from teachers regarding their increased ability to program for handi-capped children within regular day care settings.

Accomplishments:

The 12 SPIN trainees demonstrated 85 percent improvement over baseline.

Objective IV:

Day Care Center staff will demonstrate the team process within a target day care center.

Accomplishments:

The Health Team Development Program developed by Irwin Rubin, Mark Provnick, and Ronald Fry, published by Ballinger Publishing Company, M.I.T., Sloan School of Management, has been implemented in each of the target centers. Target center personnel were able to understand the role of each person in their respective centers as measured by their ability to fill out role diagrams.

Spin-Off:

Center Directors made better use of social worker team members as evidenced by staffing notes.

Objective V:

Day care staff will increase their ability to use behavior management techniques. Criteria of accomplishment is observation and analysis of teacher/child interaction, as it relates to behavioral change in the child and the teacher's ability to set limits and expectations.

Accomplishments:

The target center teachers demonstrated a 50 percent improvement over baseline in the use of positive reinforcement in their interaction with children as measured by an interaction matrix.

Spin-Off:

Three additional behavior modification workshops were requested by the target centers. These were held during the Summer of 1976.

Objective VI:

Day care staff will be able to explain a child's behavior to a parent and help the parent with a home skills program when appropriate. Criteria for evaluation was written feedback from parents and verbal feedback from SPIN trainees.

Accomplishments:

Day care workers were unable to state specific skills they had learned to interact effectively with parents. However, of the 30 parents who completed the parent program evaluation form, all reported that a teacher aided them in at least one of the ten areas covered by the questionnaire.

Objective VII:

SPIN representatives will be prepared to train other day care personnel in order to multiply the number of day care personnel competent to meet the needs of handicapped children.

Accomplishments:

A training manual was developed to explain each phase of training and to serve as a guide for trainers. SPIN representatives are now trained. Working in pairs, SPIN representatives devoted one-half day of concentrated training to new SPIN centers. This activity was teamed with the teacher trainer for a period of eight weeks. As the SPIN representatives became more confident and competent, the facilitator gradually withdrew direct support.

Spin-Off:

Through the inclusion of the MHCCA Educational Coordinator in the SPIN training process during fiscal year 1976-77, the SPIN program for serving the handicapped child became an integral part of MHCCA. (The retention of a professional Special Service Coordinator is highly recommended to act as as consultant.)

SPECIAL SERVICE OBJECTIVES AND OUTCOMES OVER THREE-YEAR PERIOD

Objective I:

To develop criteria for requesting in-depth evaluations of children.

Accomplishment:

Criteria for requesting such evaluations was written and appears in the manual. SPIN trainees were able to assess the severity of a child's problem via the LAP and the Connors Behavioral Rating Scale.

Objective II:

To develop a system to provide clinical evaluation, consultation and treatment for those children identified as requiring supplementary services.

Accomplishments:

MHCCA, Supportive Service Component developed a flow chart which clarified the roles and processes necessary to secure evaluations. This service referral system was adopted by the agency and implemented the social service staff and center directors.

Objective III:

To complete a special needs assessment survey for those children served by the total agency in order to demonstrate to community child service agencies the specific needs of MHCCA day care children.

Accomplishments:

A needs survey was completed April 1, 1976, which revealed that approximately 25 percent of those children served by MHCCA demonstrated significant developmental delays which might impair their later academic functioning. A need survey completed March 1, 1977, revealed an increase from 25 percent to 35 percent of the children enrolled required special assistance.

Spin-Off:

Due to this survey, the members of the Executive Board, who are persons influential in state legislation and numerous community child service agencies have demonstrated an increased interest in meeting the individual needs of special children. In addition, two additional training and service programs have been developed within the day care agency to meet the needs of retarded children and abused children.

Objective IV:

To alter the organizational structure of MHCCA in order for the agency to institutionalize the concept and philosophy of the SPIN Project.

Objective I:

To identify innovative ways to meet the needs of those single, working, low-income parents of identified special needs children.

Outcome:

A TAD's consultant provided two days of training and information to the SPIN staff and involved MHCCA staff. She described the type of parent program appropriate for the families served by SPIN. She stressed the importance of a full-time parent coordinator. Bank Street College was consulated regarding the organization of an effective parent component as well as other agencies. Little innovative information was derived from these contacts; however, more enthusiasm for a strong parent program was generated.

Objective II:

To provide a private time for parents' concerns regarding their children, as well as ongoing understanding of their progress within each project year.

Outcome:

Three formal educational program meetings were held with each involved parent each year. These were attended by the demonstration classroom trainer/teacher, the day care center teacher, and the parent. Two classroom visits per parent were scheduled, including an informal conference following the observation during each year, although parents were encouraged to come as often as possible. Many phone conversations were held between the Resource Trainer/Teacher and the parent in order to keep a working parent aware of a child's progress.

Evaluation:

This component was evaluated through records of the number of times parents kept or broke appointments and the reasons appointments were not kept. Only three parents chronically broke appointments without good reasons during the life of the project.

Objective III:

Social workers will chair twice monthly meetings whose anticipated outcome is to decrease parental anxiety related to single parenthood from September to May of each year.

Accomplishments:

Attendance at these meetings was poor. The average number of parents attending these meetings rarely exceeded three persons at each group session. Evaluation forms and parental comments revealed that parents preferred individual conferences to group meetings. Ninety-eight percent of those parents administered the parent interview reported that the SPIN Program had helped them be more patient with their children and that their expectations of their children had become more realistic. Results of parental evaluations can be summarized by stating that nine out of ten parents reported that the project had helped more than they had anticipated.

Spin-Off:

Since the parent group meetings were poorly attended (see Appendix for sample parent interviews), an alternative plan was created. It was suggested that day care center staff utilize their daily informal contacts with the parent to provide opportunities for discussion and counseling with parents. The teachers made a concerted effort to speak with each parent. As a result,

teachers noted that the projects allowed more time for informal parent-teacher conversations. These brief encounters were felt to be the impetus behind the parents' increased classroom observation visits.

Objective IV:

SPIN staff will increase parents' knowledge of laws, types of school placement, evaluation procedures, kinds and skills of professionals who work with handicapped children.

GOALS AND OBJECTIVES TO ASSESSING THE CHILD'S PROGRESS IN THREE-YEAR PERIOD

Objective I:

To demonstrate the effectiveness of the SPIN intervention program by increased levels of performance as measured by the Ann Sanford's Learning Accomplishment Profile during each year.

Accomplishments:

All children initially identified as having one or more areas of significant developmental lag received a planned intervention curriculum in the demonstration and regular classroom. The average before and after test results, up to June 1, 1977, were as follows:

	Percent Improvement Relative to Age Norm
Gross motor	+20 percent
Fine motor	+3
Social	+11
Self-help	+8
Cognitive	+16
Language	+18

Major increases in improvement in the language area, as compared with the first year of the project, reflects a greater degree of specificity of language programming during this second year.

Objective II:

The 15 children referred to the program for emotional disorders will increase attending behaviors or demonstrate decreased anxiety states sufficient to allow increase in learning over entrance performance as measured by the Learning Accomplishment Profile, Connor's Behavior Scale, anecdotal, compiled analysis of weekly, monthly work records, parent report checklist, and written positive feedback from day care center teachers.

Accomplishments:

Three children in Group I demonstrated slow development secondary to abuse and neglect. Their overall growth rate improved by 20 percent as a result of intervention. Cognitive development improved 67 percent and language showed a 53 percent improvement. Four children in Group II demonstrated slow development and depression. Overall growth rate was 11 percent. Three children in Group III demonstrated poor speech and bizarre behavior. Overall growth rate was 5 percent. Cognitive development improved 30 percent and language showed a 7 percent improvement. Three children in Group IV demonstrated poor speech and depression. Overall growth rate was 9 percent and language showed a 43 percent improvement. All 15 children's unacceptable social behavior decreased, as a measure see Ruth Connor's Behavior Scale, anecdotal records, parent reports, and written feedback from day care center teachers.

Unanticipated Spin-Off:

Nine children from last year's population were referred to public school kindergarten programs with recommendations that ongoing assistance be provided by the Learning Disabilities Teacher. At the staffing it became clear that these children were not being considered for special services because their skills were above those of other Learning Disabilities children. This precipitated a full staffing with the Denver Public School Special

Service Team as a result of which a bridge has been built between the agencies which provides more input into the referral system and an avenue for monitoring of day care children.

TRAINING FOR PERSONNEL FROM OTHER AGENCIES

Twelve students from other agencies received training from the SPIN Project. This training consisted of: a weekly interdisciplinary seminar, twice weekly conferences with supervisors, practicum daily in classrooms or in day care centers. Students wrote their own goals and objectives and were evaluated by the degree to which they met these goals and their practicum commitments.

One Master's level student from the University of Colorado at Boulder, received training two days a week for a period of 20 weeks. Her emphasis was interagency consultation. She was attached to the teacher trainer who was her immediate supervisor. The list of her objectives which she wrote for herself and which were approved by the Project Coordinator can be found in the Appendix.

One pre-service student currently getting her certification in Early Childhood through Metropolitan State College was in training on a full-time, 40-week basis. This student was supervised by the classroom teacher at the Kennedy Center. She attended weekly Core meetings, followed three clinical evaluations, and was taught to develop a cognitive and social profile and to plan for a child. She also attended a weekly series of child development seminars and was involved in independent study with the project coordinator with whom she met weekly.

Six other Master's level trainees were in attendance on a four-day, 30 hour week basis. They were trainees of the University of Colorado Medical Center and were supervised by the Speech and Occupational Therapy staff in the John F. Kennedy Child Development Center.

Four Psychology fellows were involved in play therapy sessions with children in the project. They were supervised by University of Colorado Psychology staff and by the training coordinator.

Once monthly, all trainees participated in a seminar with the Kennedy Center SPIN staff.

DEMONSTRATION AND DISSEMINATION ACTIVITIES

In the period from July 1, 1974 to June 30, 1977, there were a total of 1500 visitors to the SPIN Program at the Kennedy Center and 100 visitors to the day care center sites. Thirteen schools and/or agencies were represented at the Kennedy Center and the MHCCA centers:

1. University of Colorado, Boulder, Special Education
2. Department of Social Services, Denver
3. Colorado State Department of Education
4. Early Childhood School, Plymouth, England
5. Preschool, St. Paul, Minnesota
6. Music Therapy Teachers Association, Casper, Wyoming
7. Department of Institutions, Denver
8. Porter Hospital, Denver
9. Woman's League, Nairobi, Africa
10. University of Colorado, Denver Extension, Child Development Adm.
11. Community College, Denver
12. Metropolitan State College
13. University of Denver, Speech

All visitors were informed of the funding agency, the design of the project, and teachniques used, the children involved. All visitors were requested to complete an observation and evaluation of the visit, which included questions on the above, as well as questions related to what they had seen and their opinion of the project. A slide presentation was developed and was presented to education classes, state and regional NAEYC groups, social service groups, parent groups, and Headstarts. In all, approximately 1,000 people viewed the

tape. A brochure was also prepared and printed and 500 brochures were distributed nationally and locally.

Since July 1, 1974, 21 presentations were made to outside groups by the project staff. These included a television interview, presentations to the State Education Department, and university lectures.

Members of both the Advisory/Resource Board and members of the Executive Board visited the SPIN Centers as well as persons interested in innovations in day care. These persons consisted of civic leaders, professional leaders and parents. Additional visitors included the Chief Psychologist for Denver Headstart and several members of the Child Protection Team interested in placing special children in day care.

Dissemination of project goals and services has been ongoing. The Mile High Child Care Association currently includes the SPIN component in all recruitment literature and regular public service spots on radio and television. A monthly newsletter, titled The Denver Child Advocate, published by MHCCA, includes a column on the SPIN concept. The distribution of this newsletter is 1,000 issues monthly. Almost all health and child service facilities within the greater Metro area have now established a working relationship with SPIN. Sewall Rehabilitation Center, Eastside Health Station, Eastside Mental Health, Westside Health Station, Westside Mental Health, Denver University Speech and Hearing Department, Colorado Department of Pediatric Psychology, Child Welfare, Child Protection Team, and the Public Health Department have begun working with the SPIN Project. A strengthening of relationships between Denver Department of Social Service and the social workers assigned to the SPIN Project are clearly evidenced in SPIN Program planning. These relationships go beyond dissemination efforts and have resulted in ongoing cooperation which furthers the purpose and goals of Special Programs for Individual Needs within MHCCA.

Overall, the project has had direct contact with a variety of sources which have influence on legislation for exceptional children, which plan programs for exceptional children, or which train teachers who instruct both normal and exceptional children. The Governor's Task Force on Children and Youth has served as a catalyst, due to the involvement of some Mile High Child Care Association personnel.

COORDINATION WITH OTHER AGENCIES

The SPIN Component of MHCCA continues to coordinate closely with the following agencies related to specific children and program planning.

1. Denver Department of Child Welfare
2. Family Crisis Center
3. National Abuse Center
4. Fort Logan Mental Health
5. Sewall, Speech and Audiology
6. Sewall, Sport B Project
7. Denver Board for the Developmentally Disabled
8. Children's Hospital, Physical Therapy
9. Children's Hospital, Occupational Therapy
10. Children's Hospital, Speech Department
11. Westside Health Station
12. Westside Mental Health Team
13. Eastside Health Station
14. Eastside Mental Health Team
15. Porter's Hospital
16. JFK Clinic Team
17. Denver University Speech and Hearing Department
18. Denver University, Child Studies Program
19. Colorado University Department of Pediatric Psychology
20. Sewall ENT Clinic
21. Child Welfare
22. Colorado General Hospital
23. Denver General Hospital

ACCOMPLISHMENTS AND COORDINATION IN ORDER TO AVOID DUPLICATION OF EFFORTS

1. The Denver Community Center Board, an organization for serving the developmentally disabled within the greater Denver area coordinated with the SPIN Project to aid in the placement of a young Down's child in an appropriate program.

2. The Occupational Therapy Department and the Psysical Therapy Department of Porter's Hospital worked with the SPIN Project to place an athetoid cerebral palsied child in a special public school placement.

3. The Denver Department of Social Services, in conjunction with the SPIN Component of MHCCA, has developed a working relationship around those children referred as Special Needs cases. This relationship includes the verficiation necessary to retain a child in the SPIN Project because of the child's particular disability, in spite of the mother's ineligibility due to job loss or income change.

4. Sewall Rehabilitation Center Provided a pilot speech and audiology screening in a MHCCA center in order to provide data to Public Health facilities. This data revealed 58 percent of those children tested by the tympanometer showed symptoms of middle ear infections.

5. The Eastside Health Center and the Westside Health Center are exploring the possibility of expanding EPSDT services for those day care children that qualify under Colorado Medicaid guidelines.

6. The Day Care Coordinator for Denver Department of Social Services and the Coordinator of Volunteers for Eastside Social Services are working in conjunction with the SPIN component to secure monies to develop a program similar to SPIN for those children whose delayed development is secondary to abuse and neglect.

7. Denver University Speech and Hearing Department is providing six Speech Therapy slots for children identified by SPIN as needing such services.

8. The Denver University Preschool has provided between one and three scholarship slots for MHCCA children with Special Needs. This is a therapeutic setting, available to children with emotional disorders.

9. Four MHCCA children under Child Welfare are being seen at Children's Hospital for therapy. One is receiving physical therapy and another is receiving speech therapy. These services were arranged through the Supportive Services component of SPIN and Child Welfare.

10. A Pediatric Psychology intern from Colorado University was placed with the SPIN Support Service Component and is assisting in such areas as developmental testing.

11. Sewal Rehabilitation negotiated with MHCCA to provide consultation through a state or local grant (HCP).

12. The Special Services Coordinator and MHCCA staff familiar with the SPIN Project remain in contact with the Governor's Task Force, and the current state legislation affecting child care and education for the handicapped as well as those persons involved in regional and state planning, SRS, OCD, and the State Special Education Program.

13. Sewall's SEED Program placed a Spina Bifida child in a MHCCA Center three afternoons per week in order to provide the child with experiences relating to normal children.

14. Developmental evaluations have been acquired through Children's Hospital, JFK, and Denver General Hospital.

ACCOMPLISHMENTS RELATED TO STATE AND LOCAL PLANNING

1. Three SPIN staff members were members of the Colorado Child Care Coalition, an advocate group for early childhood legislation.

2. The state needs assessment for determining priority use of Title XX funds placed therapeutic day care as its highest training priority.

3. Title I administrators were informed of the numbers and kinds of children who will impact on their programs.

4. The SPIN training coordinator and Special Services Coordinator were members of the State Certification Committee for Early Childhood Special Educators.

FUTURE DIRECTIONS OF SPIN PROJECT

Sections of the SPIN training plan have been used successfully by the Mile High Consortium to train Region VIII Headstarts to program for handicapped children. This agency is considering the possibility of outreaching the project.

SPIN PROJECT AS PRESENTED TO MHCCA BOARD
OCTOBER 19, 1976

The SPIN Project, Special Programs for Individual Needs, was initiated in July, 1974. The project was funded by B.E.H., Bureau of the Educationally Handicapped for the purpose of meeting the individual educational needs of children served in day-care. The meaning of a handicap, as defined by B.E.H., refers to any handicap or condition which interfers with the child's ability to learn. Handicap, in the educational sense does not necessarily refer to a visible handicap. Conditions which may constitute a handicap are speech or language problems, visual problems, sensory-motor problems, or emotional problems which may interfere with learning. The SPIN Project, Special Program for Individual Needs, emphasizes prevention and "mainstreaming" of special children rather than segregating them from normal experiences.

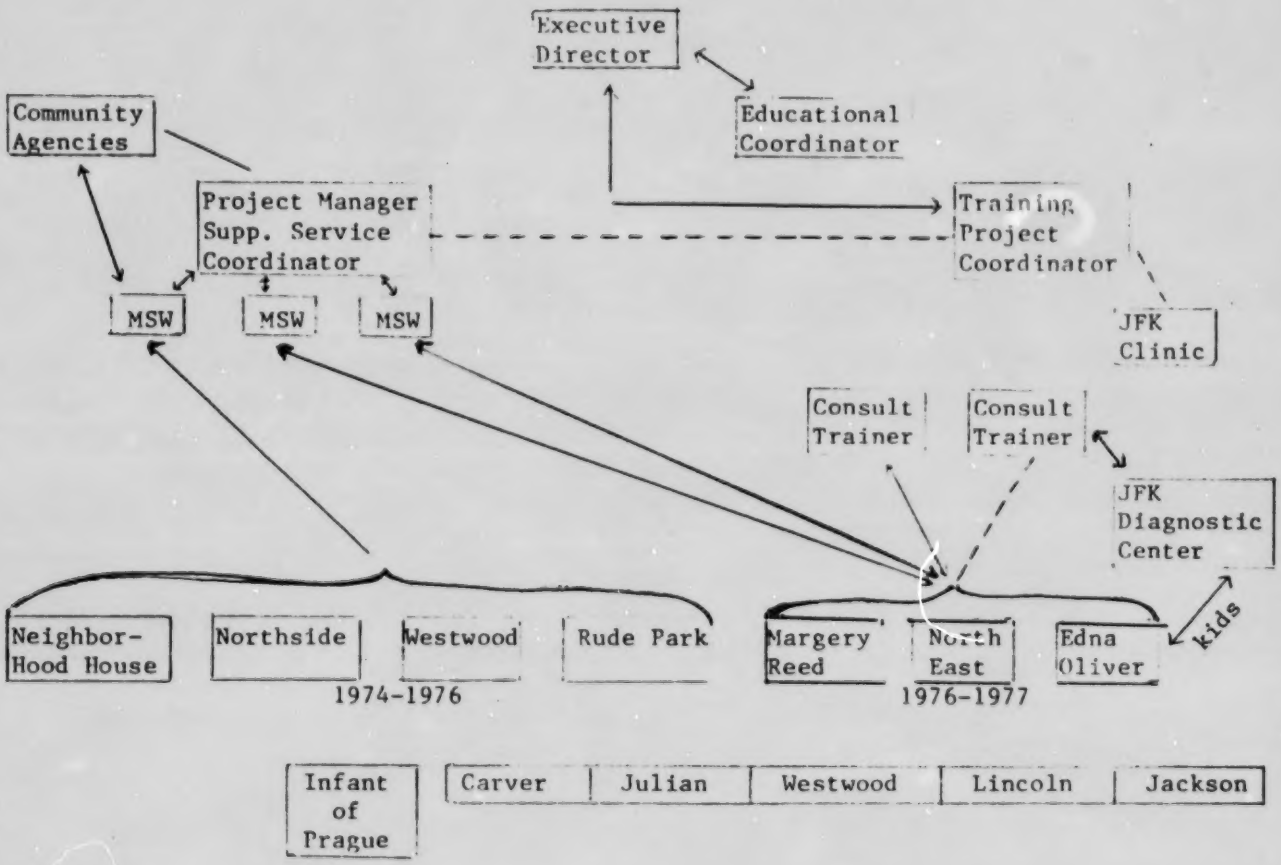
Dr. Poremba, psychologist at Children's Hospital and nationally known expert in delinquency, strongly states that most delinquents demonstrated specific learning problems during their early school years. He feels many educators did not recognize the child's problem and as a result of the child's repeated failures in the system, these children turned to anti-social behavior.

The goal of B.E.H. in funding SPIN was to train day care personnel to meet each young child's educational needs within a normal sitting in order to "main stream" the special child and prevent later educational problems from developing. This requires that educators become increasingly sensitive to the individual

child and that supportive relationships between the parents and special children, the educators and community agencies be developed.

The SPIN Project funds the training staff located at the JFK Child Development Center Pre-school and some staff located in MHCCA.

ORGANIZATIONAL CHART



The term SPIN has two meanings, that referring to Special Programs for Individual Needs and to the verb, to spin, referring to spreading the concept of meeting Individual Needs of all children throughout the agency. The final goal of the grant was not to use the staff and children of MHCCA to gain federal grant money to support a specific group of personnel, but to assist the agency in developing staff to meet the needs of special children when the specific SPIN grant monies are no longer available. B.E.H. encourages the internalization of their grants within the agency.

Current grant functioning > chart.

JFK trainers have provided MHCCA trainees with the following skills:

1. Skills in the LAP, Learning Accomplishment Profile, A. Sanford.

This assessment tool is an educational assessment tool. Different from development tests which conform to a medical model, the LAP is a tool which professional and paraprofessional educators can use to evaluate the child's individual needs and plan appropriate curriculums. Children are not labeled but described by their areas of delay. Materials will be circulated.

2. Skills in the team method of developing curriculums and educational plans, center directors trained as team leaders.

3. Skills in relating to the parents of children with individual need.

4. Skills in utilizing and developing appropriate community resources.

5. Skills in record keeping.

Currently, MHCCA teachers and directors trained during 1974-1976, the first and second years of the grant, are sharing their skills with the staffs of three additional centers. Under the supervision of the JFK training consultant staff, two teachers from each of the following centers, Neighborhood House,

Northside, Rude Park, Westwood are going into Northeast, Elna Oliver and Nursery Reed Mayo to implement the training program. The trainees of 1974-1976 are serving as trainers during 1975-1976 and will be very experienced trainers by July, 1977. In addition, six more teachers and their respective centers will be more skilled in meeting the individual needs of children eligible for day care.

It is anticipated that by July, 1977, MHCCA will have 16 persons trained to meet the special needs of children and of these 16 at least six will be highly qualified trainers equipped to train other center staffs. The LAP was recently adopted by the MHCCA Ed. Committee as a major tool for curriculum planning.

The intensive service input into those four centers served during 1974-1976 has lessened as the training team is concentrating its efforts in the three new training sites. However, the developed teaching team and the social worker affiliated with those centers have been impressively effective in carrying out the concept of SPIN without the presence of the JFK trainers. These centers administer the LAP to children who appear to have difficulty developing and then plan an educational program based on the child's functioning level. The social worker, as a member of these educational team meetings, is assigned tasks regarding the recruitment of resources for particular children and parent contacts around the child's needs. Examples of the social worker's role are as follows:

RUDE PARK

Joe - West Health Clinic (language and speech), JFK (hearing, evaluation, tubes)

Stephanie - Westside Health Clinic (speech and language)

Lisa - Welfare, Westside Health Clinic (speech and language)

Everette - Welfare, Fairview School

Antoinette - Westside Health Clinic (speech and language)

April - Fairview School

Ernie - Welfare, Fairview

Kathy - Fairview, speech for school

Michelle - Welfare, mother, Fairview School

Chris - Colorado Psych. Clinic, mother

Pete - Fairview School, speech evaluation

Raymond - Welfare, school problem

Cindy - M.R. in home/out

Leslie - Westside Health Clinic (speech and language) LAP

Tamara - (disc), child welfare, kindergarten + 3x viola

Paul - Westside Health Clinic (speech and language)

Skeet - (disc), D.G.H. Psych. Ward, Family Crisis Center

WESTWOOD

Anthony - JFK porters, Godsman School, Westwood Elementary School, Sewall

David - Children's Hospital (Speech Dept. and OT), Sewall (future) welfare

Kimberly - Welfare, case worker

Kurt - Sewall, Welfare separations, SEED

Randy - Westside (consultation) staff medicated Fort Logan W.S.

Foo - Staff, Vietnamese, helicopter

Vaughn - Welfare (discontinued) family (toilet training) JFK records, staff

Brook - Westside Health Clinic (language and speech)

Eileen - E.S., transp cer., ill as child

JULIAN

Randy - mother, staff, Cheltenham School

David - Cheltanham, Social Worker, Westside Health Clinic, mental health,
victim of abuse by mother (S.N.) mother stroke

Keith - Jeffco Mental Health (records), mother, six identif. ed, Cheltenham, Westside Mental Health, peers psydh. eval. speech/fm

Carl - staff, child welfare referral

Russel - Cheltenham (speech) articul.

NORTHSIDE

Heidi - Dee Estes, OTR, Bryand Webster Elementary School mother, Sewall

Michael - Welfare, Westside Health Center (records) visiting nurse

Lisa - child welfare

Hector - Welfare, psych. eval., inconst. splits

Sergio - Northside Mental Health, Bryand Webster

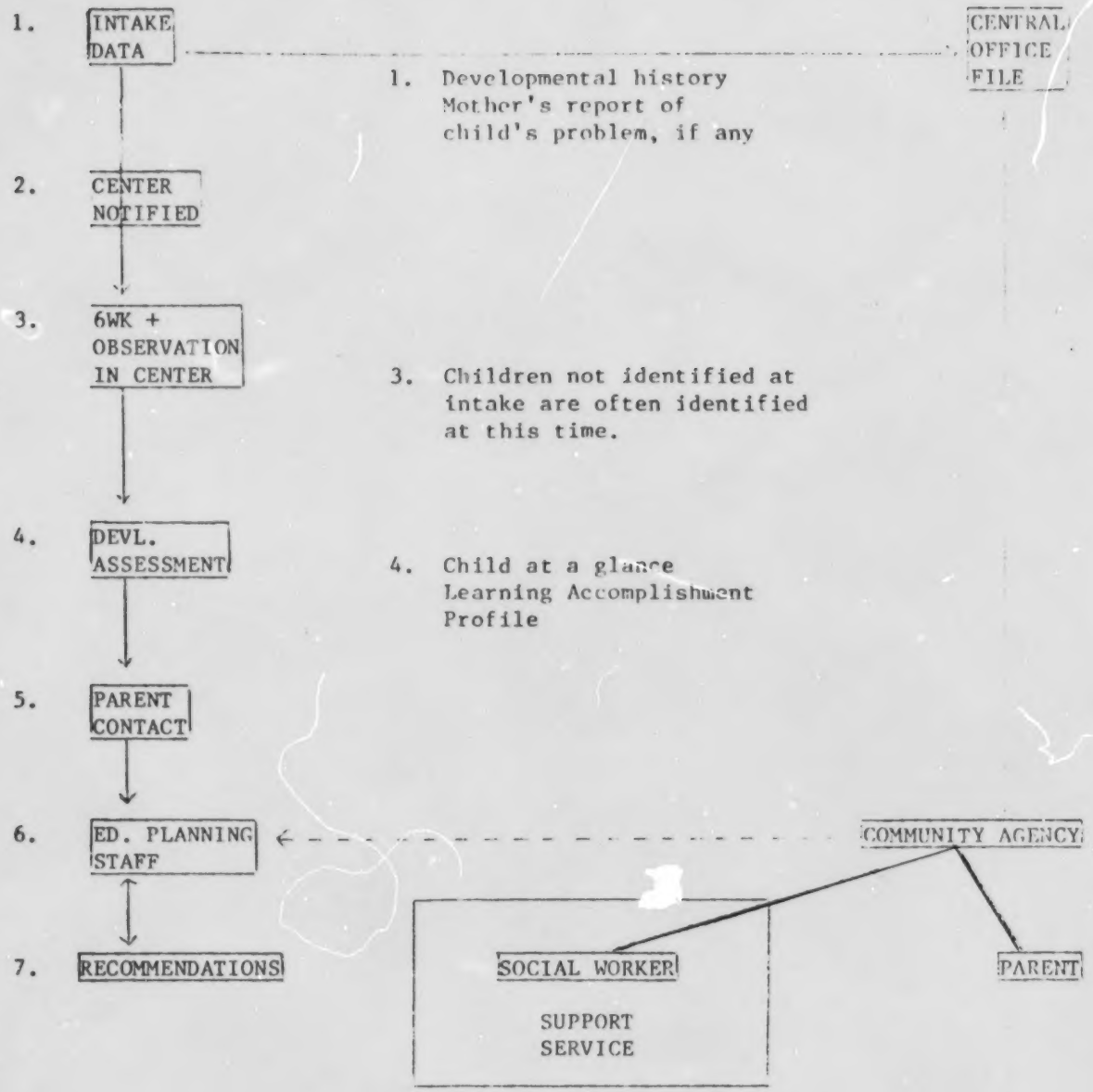
Jessica - Family Crisis Center, Welfare, staff problem

Paul - Sewall, welfare, Children's Hospital (set up by selfare)

Without good documentation of children's needs and excellent rapport within the teaching staff and the social work staff, such a service network would not be effective.

The Supportive Service Committee developed a Supportive Service Component. This consists of Social Work Staff and the SPIN Supportive Service Coordinator. A service resource bank has been developed. The members of this component meet bi-monthly to discuss the coordination of resources and the recruitment of resources. This group was developed as a result of a needs survey mandated by the grant, which revealed up to 25% of those children served by MHCCA require additional services. The following flow chart was developed:

IDENTIFYING AND MEETING SPECIAL NEEDS



Current coordinative activities of Supportive Service Group include the establishment of service relationships with:

Colo. Psy.	M. Health
Dee Estes, OT	Children
Sewall	Sewall ENT
H.C.P.	CETA?
E.S.W.S. Health	Transport. Found.

I hope that I have demonstrated for you the need for SPIN, Special Programs for Individual Needs, to be continued as a philosophy beyond the end of the grant and that you recognize the outstanding effort of the MHCCA teacher-trainers and the social workers. Without the dedicated support for these skilled persons, the program would not have been effective during the previous two years and will be difficult to continue.

Community support for the SPIN concept is increasing daily.

1. State Department of Education submitted a survey to MHCCA related to our Special Education Program.

2. Health Clinics are actively referring to MHCCA because of our responsiveness to individual needs.

3. Local public schools are listening and responding to placement of special children from MHCCA staff.

4. D.D.S.S. is recognizing the need for a differential rate for children with unique problems.

5. Family Crisis wishes to institute a crises care nursery in th MHCCA system.

6. Susan Rosen's Laradon Hall project is considering providing services to some MHCCA children.

7. Community and state programs such as E.P.S.D.T. and Handicapped Children's Programs are becomming aware of the needs of children in the day care system.

SPIN is not only for children with handicaps, but for all children as individuals. SPIN is consistent with the concept of comprehensive day care.

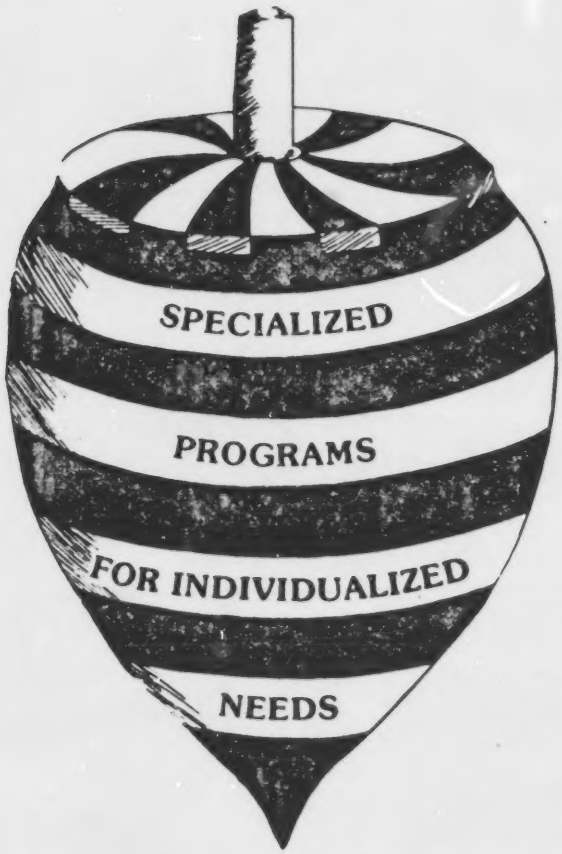
Introductions.

Slide Show

PRESCHOOL MANUAL

for

Mainstreaming Children with Special Needs



S P I N

Special Programs for Individual Needs

J.F.K. Child Development Center
University of Colorado Medical Center
Denver, Colorado

June, 1977

PROLOGUE

This is a "How To" manual - how to assess the developmental levels of young children with special needs -- how to program for them -- how to help them grow and learn in regular day care or head start settings.

This manual is for teachers who will teach other teachers how to maximize the educational experience for handicapped preschoolers in normalized settings. It is aimed specifically at child care workers in day care facilities but it can work equally well for Head Starts or any organized group of early childhood programs who wish to collaborate on training.

It was written by the Preschool staff of the John F. Kennedy Child Development Center in Denver, Colorado, while they were developing a model for training with the Mile High Child Care Association, the largest providers of day care in Denver. The model is now known as SPIN, Special Programs for Individualized Needs and was made possible by a grant from the Bureau of Education of the Handicapped.

The following people were responsible for the conceptualization, design and final publication of this document.

Margery Greenberg, Project Coordinator
Catherine Healy, Training Facilitator
Carol Nathan, Training Facilitator
Virginia Tindall, Special Services Coordinator
Mary Culkin, Resource Room Teacher
Phyllis Deutsch, Resource Room Teacher

Teachers know that individual children may have differing learning rates and different learning styles, even when they are the same chronological age. But teachers have 15 - 20 children to care for at the same time. It is difficult to individualize unless one has a system.

And that is what this book is all about. It tells teachers how to plan and carry out Special Programs for Individualized Needs within a regular day care or preschool setting and to share these programs with the children's parents.

Parents and Teachers together in a partnership for the growing child.

Implementation: Every organization should be sure what each member does. That is, everyone should be very clear about the tasks, duties and responsibilities of the various team members.

The following pages discuss the roles of the director, the teacher, the social service worker, the education coordinator and the handicapped or special services coordinator. Do they sound like your director, teacher, social service worker, education coordinator and special services coordinator? If not, insert the correct descriptions.

Director's Role

1. Designates employee(s) responsible for:

   .....budget
   .....payroll
   .....attendance
   .....substitutes
   .....supplies
   .....maintenance
   .....telephone
   .....messages to administration
   .....assisting cook
   .....food
   .....scheduling
   .....petty cash
   .....mail

2. Develops management policies and procedures and sets these in writing available to all staff.

3. Maintains a staffing pattern in conformance with State guidelines.

4. Maintains personnel files for each employee, including at a minimum:

individual, or couples, interview.

3. Provides time on a regular basis for individual teacher conferences when necessary.

Activities Regarding Children

1. Makes sure records are in order and up to date:

   .....Health Records - those required by Association for all children -- those from physicians or therapists -- re: workups or recommendations for handicapped children.

2. Makes sure developmental history is complete:

   .....Individualized Profile -- entrance, mid-term and end of year report.

   .....Goals and Objectives - updated every four months.

3. Checks lesson plans to see that they meet general and individualized needs of children.

4. Holds weekly staffing for the utilization and interpretation of data collected in records.

   .....Identifies areas where additional information should be gathered.

Activities Regarding Parents

1. Assists teachers to form a partnership with parents.

   Plans, attends or helps facilitate parent meetings --

   .....individual conferences
   .....group meetings

3. Keeps daily records on children and assigns members of the team to do so also.

4. Responsible for daily health checks on children and reports conditions needing attention to the Director; administers first aid treatment (all teachers).

5. Responsible for:

   .....taking attendance in classrooms
   .....calling in subs
   .....team meetings in classroom
   .....washing clothes, brushes, floors, toilets
   .....preparing classrooms for activities
   .....setting tables
   .....putting down beds
   .....kitchen duties when necessary
   .....delivering kindergarten children

6. Helps children to learn to adapt to and cope with life situations.

7. Coordinates staffings on individual children with assistance of Director and Social Worker.

8. Holds regular parent-teacher conferences and when appropriate involves Social Work staff.

9. Promotes parent participation in the child care program by:

   .....talking informally to parents
   .....sending a child's work home at least once a week
   .....encouraging parents to attend parent meetings

10. Participates in the planning and implementation of parent meetings.

11. Participates in in-service training programs.

12. Attends professional meetings, conferences, or training upon request of Center Director and approval of Education Coordinator and the Executive Director or delegate.

13. Sees the equipment and materials are accessible and in good condition along with other teachers.

Administration

1. Is responsible for keeping the Director informed of problems relating to children, staff, or parents.

2. Develops an agency system for identifying and referring special children for additional services.

3. Serves as a data collector and clearing department to facilitate the flow of information between the child care center and community agencies.

4. Maintains contact with existing resources and solicits additional resources.

5. Recruits special children through public relations activities and continued relationships with referring agencies.

6. Monitors the staffings and the effectiveness of the special service system as it relates to the natural parents relationship with outside agencies in order to provide follow-up.

7. Develops the appropriate resources for carrying out a special needs program, such as volunteer groups and transportation services.

After you have come to an agreement about all the job descriptions, the following page should be filled in at a group meeting. When it is completed, look it over carefully. Does everyone understand his/her role and duties? Has anything been left out?

Is there something pertaining to a child which we have forgotten?

When all the roles have been clearly defined, you are ready to begin.

Suggestions to Trainers:

Understanding each person's role and responsibility is the first step towards working together. Then you must plan together. This seems obvious, but lots of training programs fail because people have not agreed upon a plan, or agreed upon a system to implement the plan.

Ask Trainees to consider the following:

.....What time and day of the week should be set aside for in-service workshops?

.....Who will cover classrooms during Seminars?

.....Who will be responsible for hiring substitutes for days when Trainees are working in the resource room?

.....What time during the week will be set aside for planning time?

.....What qualities would be important in a SPIN representative?

.....What should be the goals of your training programs for children with special needs?

.....Who will participate in the program and how will they be selected?

Implementation

Personnel: Staff - The training facilitator or consultant describes the SPIN plan of training to the entire staff of a center. The facilitator explains the goals and objectives of the training and the responsibilities involved on the part of trainees. The facilitator must be sure the staff understands the purpose of the training, the time required, and the tasks to be accomplished. It is essential that the staff be enthusiastic, that they have a number of children with special needs, and that the Director is committed to the program.

Trainees - From each staff, two special representatives are selected to participate monthly in the resource classroom, and to attend additional monthly workshops. The representatives may be assigned by center directors or they may be elected by center staff. In either case, they must evidence the following qualities:

1) ability to communicate out of center experiences to other staff members,
2) commitment to meet the needs of special children,
3) interest in further career and self development,
4) the self-confidence to model new techniques and procedures, and
5) they must be valued in their center and be planning to stay in the organization for at least enough time to implement the training.

The entire staff of a center is included in weekly in-service workshops.

2 - Setting up a record keeping system for recording children's development.

3 - Organizing a curriculum system which records and evaluates curriculum utilized in the classroom.

4 - Holding after-class staffing sessions to discuss child development concerns and to formulate individual programs for children.

5 - Meeting individually once a month with parents of children in the preschool group.

6 - Meeting weekly for staff conferences with classroom staff, speech therapist, project coordinator, social worker and other involved staff.

Since the lesson plans serve as much for teacher training as they do for planning children's programs, it is advisable when making these plans to keep the following in mind.

1 - Write lesson plans clearly in terms of specific steps so that visiting teachers will know what is expected of them as well as what the objectives of a lesson are.

2 - Always use checklist to be certain you have planned for all areas of development, gross and fine motor, language, cognition, self-help, personal-social, affective.

3 - Note special events of the week on the plan -- such as

.....visiting teacher visits
.....parent visits
.....therapies
.....trips

Children: The recommendation to place a child in the Resource Room is based on the presence of a significant delay (more than 1 year below chronological age) in one or more areas, provided there is no other remedial program available to the child. Implementation of

The room is staffed by a team consisting of a Master teacher and two aides, one of whom may be an education trainee from a local college. An occupational therapist and a language specialist are also part of the Resource Room team.

The Resource Room provides trainees with a teaching laboratory in which to try out their new skills. (Specific skills are discussed and outlined in Unit #3.) It is structured in the following manner:

Pre-session - The teaching team writes up a complete schedule of the day's activities which explains the objectives and procedures as they relate to each child's individual plan. At the beginning of each session, these plans are reviewed and the trainee is given a lesson plan to follow for the day and specific plans for a particular child or group of children. In the beginning of the year, the trainee follows the plans set down by the teaching team. By the middle of the year, the trainees write their own lessons which are reviewed by the group before and after each session.

Session - During the session, the trainees participate as teachers and aides in the Resource Room. They may take a language sample, teach lessons, supervise an area, make informal anecdotal observations, or do formal observations. Throughout the sessions, teaching staff are available to interpret events and activities and to assist the trainees.

They are based on the teacher's individual goals for training, on the individualized plan for the child, and on integration of such a plan into a regular classroom. The teacher trainers from the day care also participate in this in-class process.

Workshops - The SPIN training consultant also facilitates the achievement of teacher goals through weekly in-service seminars. These weekly seminars are structured in the following manner:

Pre-Service Training starts with a needs assessment. Past training is evaluated; present status of staff is assessed; gaps in training are identified; and future needs are stated. A draft agenda is distributed and feedback collected. A second agenda with modifications is distributed based on the past evaluation, present status, future needs and gaps. (See training tips and suggestions.)

Of primary importance in this phase is to identify content areas to be covered as well as feelings about past training. One must assess what kinds of training sessions were liked most and least, and why. One must encourage feedback from all staff (including teachers, assistants, Directors, coordinators, Social Worker, etc.). Ask that feedback be specific.

The needs assessment should include a pre-test, which can be either verbal or written to gain an idea of where to start.

The final consideration in pre-service is the setting of

Language, Fine Motor/Perceptual, and Social/Emotional in terms of assessment, diagnosis or description of problem areas, programming and evaluation. Experts in these fields give lectures and demonstrations which are based on the profiles of children in specific centers. Activities, methods and materials are explored. Teachers make video-tapes of sample lessons and develop homemade materials.

The fourth part trains the teacher to be trainers. Teachers lead sessions with the SPIN consultant in preparation for training spin-off the following year.

Post Service Evaluation - Completion and implementation of program plans serve as evaluative mechanisms for all staff. For the SPIN representatives, an additional retreat day is included which functions both as a period for summing up the training experience and for evaluating individual performances.

Retreat day agenda:

.....warm up period (dance & music therapy)
.....review of teaching competencies
.....review of teaching aides, including handouts for future training
.....speaker on topic of particular significance for the group
.....post-training test written or oral

Training Evaluation -

1. A self-evaluation checklist, developed by the Chapel Hill Outreach team to measure their service to children and families is used. This checklist is filled out three times yearly by the entire Resource Room team and teams in the centers --

4. Training teachers are also evaluated on video-tape two times a year - February and June. These tapes provide a picture of trainees' competencies regarding:

   a) assessment and evaluation
   b) writing objectives
   c) task analysis
   d) planning curriculum
   e) implementing curriculum
   f) evaluating process

5. As mentioned before, completion of program plans and their implementation is another means of evaluating training.

Teacher Trainee Evaluation Sheets

1. Self-Evaluation Checklist - Chapel Hill Outreach Project

2. A Measure of Teacher Attitudes - JFK Child Development Center Preschool

3. Self-Evaluation of General Skills and Ability in Working with Children - Child Development Center University of Alabama at Birmingham

	YES	NO	DATE	COMMENTS
2. Have individual long range objectives been written for all children?				
a. Are they up to date?				
b. Have they been communicated to families and other professionals involved with the child?				
3. Is there pre-post data to document pupil progress?				
a. Standardized tests (list)				
b. Objectives accomplished				
c. Samples of children's work				
d. Referral forms				
e. Home follow-up sheets				
f. Specific behavior programs including: baseline data intervention programs reinforcers punishers behavior change (increase or decrease of specific behavior)				
g. Profile of development				
h. Informal checklists				
4. Are records kept on contacts with families?				
a. Home visits				
b. Home follow-up sheets				
c. Individual parent conferences				
d. Parent meetings				
e. Classroom observation				
f. Family volunteer activity Making materials Assisting in Classroom				
5. Are records kept on contacts with other professionals and/or agencies involved with the children?				
a. Social work				
b. Medical				
c. Educational				
d. Speech				
e. Psychological				
f. Other				
6. Is other pertinent information kept in the child's folder?				
a. Address				

	YES	NO	DATE	COMMENTS
Methods				
1. Can an observer determine behavioral objectives for each child?				
2. Do the objectives reflect different criteria for each child?				
3. Are the objectives developmentally appropriate?				
4. Can the visitor observe use of task analysis?				
5. Can the visitor observe use of positive reinforcement?				
6. Can the visitor observe effective behavior programs?				
7. Does the teacher eliminate use of excess verbiage?				
Planning				
1. Is there time set aside for planning the next week's unit?				
2. Is there time at the conclusion of each day to review and discuss?				
3. Are daily plans written out and posted for visitors?				
4. Is every staff member involved in planning and material production in advance of every lesson?				
5. Are the staff responsibilities rotated for optimum staff growth and service to the children?				

ATTENTIVENESS	DATE	YES	COMMENTS
Does the teacher respond to children's approaches? Verbal and non-verbal?			
Does the teacher initiate interaction with individual children?			
Does the teacher show sensitivity and awareness of those children who do not initiate approaches?			
Does the teacher give specific recognition to a child's accomplishments?			
Is the teacher aware of individual children's interests, needs and abilities? (Teacher Report)			

AFFECTION AND WARMTH (Con't.)	DATE	YES	COMMENTS
Does the teacher show an understanding of children's feelings? (Sympathy and sharing pleasure.)			
Does the teacher verbalize with children about their feelings?			
Does the teacher use judgement regarding when a child needs comfort and when she needs to foster his autonomy?			
Does the teacher's behavior show that she honors all children's human dignity?			

COMMUNICATION (Con't.)	DATE	YES	COMMENTS
Does the teacher raise open-ended and thought provoking questions?			
Does the teacher respond to questions with "How, Why" information, opinions or suggestions?			
Does the teacher follow through with her interactions?			
CONTROL			
Has the class structure been set up to prevent control problems?			
Does the group as a whole respect the limits that have been set?			

WHAT METHODS OF CONTROL ARE OBSERVED (Con't.)	DATE	YES	COMMENTS
C. Teacher imposes solutions to a conflict by redirecting or by laying down the law.			
D. Teacher scolds or threatens.			
E. Teacher punishes, isolates or removes a privilege.			
F. Teacher punishes physically.			
G. Teacher takes control when a child is in danger of harm.			

II. LANGUAGE (Con't.)

RATING

1	2	3	4	5
States suggestions and directions in a negative rather than positive form		Makes attempts to use positive statements, but uses negatives at times when positives could be used		Gives positive statements; rarely uses negatives

1	2	3	4	5
Uses poor grammar, slang expressions, or baby talk		Slightly careless in grammar; uses slang expressions occasionally; refrains from baby talk		Uses good grammar; refrains from using slang expressions and baby talk

III. LEARNING UNITS

Knowledge of media and materials

1	2	3	4	5
Unfamiliar with art media and play materials available or with ways they can be used to aid learning		Makes appropriate media and play materials available to children, but does not use them as aids to learning		Makes appropriate media and play materials available to children and uses these as aids to learning

Art Media

1	2	3	4	5
Allows throwing of media; leaves area messy. Disregards use of smocks		Sees that children use smocks. Cleans up art area herself		Encourages children to keep area neat themselves, helping only when necessary. Sees that children use smocks

Blocks

1	2	3	4	5

III. LEARNING UNITS (Con't.)

RATING

1	2	3	4	5
Discourages climbing, jumping, running and other large muscle activities. Does not praise children		Watches over children capable but does not praise their activities		Encourages children to climb, jump, run, and use large muscles. Praises activities without comparing children

Writing Learning Units

1	2	3	4	5
Learning unit exhibits none or one of the following: 1. Goal is broad 2. Obj is stated in terms of child 3. Obj is stated as specific observable behavior 4. All materials needed are listed 5. Procedure is easy to follow 6. Procedure includes all necessary steps 7. Evaluation relates to objectives, not procedure 8. Evaluation is stated as specific observable behavior 9. The learning unit has a title		Learning Unit exhibits five of these traits		Learning Unit exhibits all of basic traits

Presenting a Learning Unit

1	2	3	4	5

III. LEARNING UNITS (Con't.)

RATING

Presenting a Learning Unit (Con't.)

1	2	3	4	5
When presenting learning units exhibits none or one of the following: 1. Eye to eye level contact with child 2. Uses appropriate voice style and volume 3. Allow child to carry on spontaneous activity without thwarting 4. Keeps pace of learning unit in tune with child's abilities 5. Follows procedure of learning unit (adapting for individual needs if necessary) 6. Appropriately handles behavior problem that may occur 7. Rewards child appropriately as needed 8. Evaluated performance using evaluation steps incorporated into the learning unit 9. Records evaluation of performance		Exhibits 5 of these traits		Exhibits all of these traits

1	2	3	4	5
Learning units are boring; children seem uninterested		Some learning units are creatively written to interest the children		Learning units always include creative ideas that interest children at their level of development

IV. SUPERVISING ROUTINE ACTIVITIES (Con't.)

RATING

Toileting

1	2	3	4	5
Assists in toileting more than necessary; flushes toilet for child and makes him wash his hands without emphasizing why		Assists in toileting only when necessary but does not emphasize good habits		Assists in toileting when necessary, praises child when he flushes toilet and washes his hands without being asked

Pick Up

1	2	3	4	5
Picks up toys while the child stands idly by		Sees that children pick up toys but makes a chore out of it		Gives child a choice of articles to put away; allows each child to participate yet does not assign child more than he can do

EVALUATION

1	2	3	4	5
Participates in daily evaluation and makes suggestions for future activities only when prodded		Sometimes must be encouraged to take part in daily evaluation. Seldom makes suggestions for future activities		Takes an active part in daily evaluation of activities. Often makes suggestions that show awareness of individual child when planning new activities

ABILITY TO TAKE DIRECTION

1	2	3	4	5
Does not perform activities requested by other members of the team; ability to take direction is poor		Cooperates with team but is slow or moody in doing so		Responds to all requests; accepts direction from others

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TOTAL POINTS

Possible range 30-170 points

12. Plan pre-taping session before actual taping.

13. Plan feedback or critique time after video-taping.

14. Write up feedback notes for teacher.

15. When possible, use films that are in color and have music and make only a few points at a time.

16. Itemize points in any visual presentation before showing, and use as basis of post-viewing discussion.

17. Bring speakers to Center, rather than sending one person to a meeting. More people can share the experience. It makes staff feel important and valued.

18. Give homework or in-between meeting assignments. Start with group assignments which are non-threatening and sets tone for team work; example: listing materials for each section of LAP to be handed in two weeks later to SPIN representatives. SPIN representatives should then give assignment to classroom team (3 staff), then to team (2 SPIN representatives) and then to individual. It's the same principle of task analysis applied to teacher training.

19. All written work should be handed back to individuals with written feedback -- changes, corrections, etc. -- and lots of <u>positive reinforcement</u>!

20. LAP's should be done individually with immediate verbal and written feedback for teacher to keep.

and talk and write out outline of your presentation to afternoon training groups.

35. After you observe or model a class, write out strengths and positives of teachers, child, curriculum, scheduling first and then suggestions for change.

36. Give teachers time to unload feelings, too.

37. For the most part, be TASK-oriented.

38. Write up staffings and distribute to those involved.

39. Give <u>each</u> staff member a copy of handout. Increases membership, participation and motivation.

40. Go as fast as your slowest team member.

41. Do not try to cover a lot of areas in a superficial way by having one workshop on each area. It is best to choose a few goals and cover them in depth. Should have at least two sessions in any given area with follow-up at monthly meeting, in resource room or at later time period. For example, FM, S/L, and Soc/Emotional development each dealt with in several sessions: 2 speakers, handout, video-tape modeled by teacher and critiqued by all staff, review at end of sequence and at retreat day.

42. Take risks - EXPERIMENT - it can't hurt!

43. All staffings, discussions and seminars should be case specific.

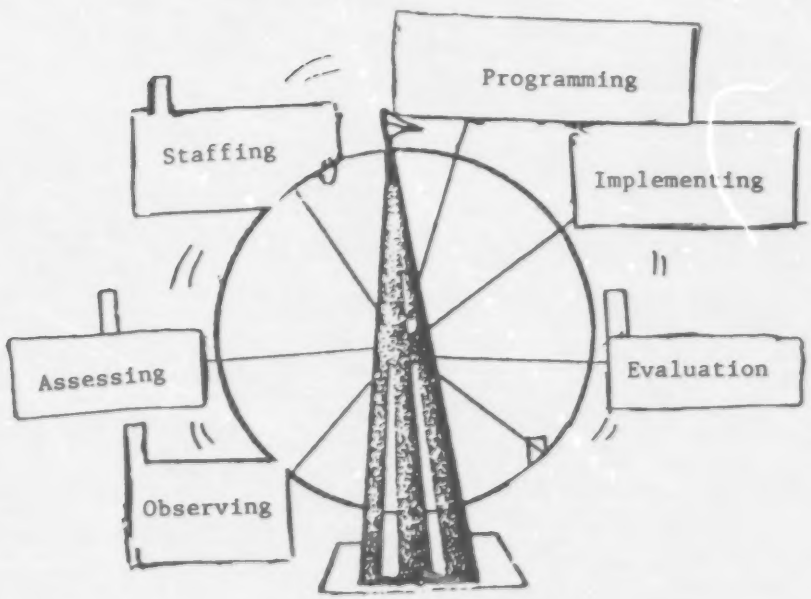
UNIT #3

COMPETENCIES TEACHERS NEED TO TEACH CHILDREN WITH SPECIAL NEEDS

Definition: This unit discusses the competencies teachers need in order to program for children with special needs. Each section defines a competency, offers suggestions for training procedures and lists the basic skills required in order to be competent.

The entire process can be visualized by the wheel below. The process is a continuous one. Each time the wheel goes round, the child has moved one step towards competence and, indeed, so has the teacher. The self-evaluation checklist, mentioned previously, should be reviewed periodically to sharpen up the overall process.

Tools for Competence



2. Observations should take place during transition periods, free time, and structural periods.

3. Be sure to record right after the observation; memory is not good enough.

4. Results must be discussed by the classroom team or at a staffing before they can become part of the objectives or the plan for a child.

5. Choose the form most suited to your purpose in observing.

6. Decide which children will be observed by which staff in order to be recorded on sheet.

7. Be unobtrusive - use space where you can see but are not involved in what's going on.

8. Be benignly unresponsive - don't get involved with staff or children.

9. Be sure to take a break when needed. Observing is exhausting.

Observation Techniques

There are different times to observe individual children -- in small groups, and in large groups, during one activity, and during many activities.

Keep the following questions in mind when observing at any time:

WHO? does child interact with -- other children, staff, parents, brothers/sisters?
does child not interact with?

WHAT? does he do that is appropriate, or positive behavior?
does he do that is inappropriate or negative behavior?
skills does he have?
skills does he not have?
are the tasks he enjoys doing?
are the tasks he does not enjoy doing?

WHEN? does he attend for the largest time period?
does he attend for the shortest time period?
is he most/least withdrawn, disruptive (or acting out, aggressive), cooperative or interacting with other children and/or adults?

FORM 1 This form is good when you want to observe one child's behavior in many different activities at many different times of day.

DATE	NAME	WHO	WHAT	WHEN	WHERE	HOW
10/15/75	J. Smith	Pat Jim Allen	Block Building	9:00 - 9:15	On rug	Smiling Talking
	"	Allen	Block building with truck & tools	9:15 - 9:25	On rug & floor	Voices are louder; more enthusiastic
	"	Allen Sue Pat Sam (Teacher)	Block building corner	9:25 - 9:30	On rug	Group calls teacher to have his car fixed
	"	Allen Sue Pat Sam (Teacher)	Block building clean-up before playground	9:30 - 9:40	Rug & floor	Teacher assigns tasks-John does not want to help; Teacher breaks down task

FORM 3 This form may be used when a group of teachers are observing a class. (Resource Room.) The time column allows teachers the necessary time to focus in on children and staff for about 15 minutes, and to record answers. It is assumed that everyone needs a break or a period of relaxation after which they again observe, record time and answers. This observation sheet leads to good discussions on how to observe and record since more than likely two teachers will have observed different behaviors at the same time.

NAME: Heather

AREA OF DEVELOPMENT: Emotional

AREAS OF CONCERN:

1. Do her emotions (as reflected on face) match her actions?
2. Does she approach other children or adults?
   a. in positive manner? Describe.
   b. in negative manner? Describe.
3. Who does she approach? Why? to meet what needs?
4. Do other people approach her? What is her reaction?
5. Does she parallel play?
6. Does she play with her peers?
7. What materials does she use? Does she use materials appropriately?
8. How does she get her needs met?
9. How does she relate to other children?
10. How does she manage transitions? Does her interaction with peers and adults change at these times? If so, in what way?
11. How does she relate 1:1 with reduced noise level and distractibility and high content structure?

TIME	ACTIVITY	AREA	DESCRIPTION
10:00	Doll play	Back end of room near pillows -- family area	Drop doll on floor - bang book down - solitary play - isolates self - needed to use prop outside material - phone to make contact.....

FORM 5 This form is good for observing groups of children. You may want to make this anecdotal or use who, what.

DATE	ACTIVITY	WHEN	WHERE	WHAT	HOW
10/2	Large group all children, 2 staff	9:30 - 10:10	Rug	s/1 teacher holds up items & asks "what is this". Renee names utensil first, other children imitate.	Children seated in back cannot see or hear as well as 5 children seated up front

This might lead to the suggestion that there be 2 smaller groups (8 in each group) with one teacher at each group and that the time be limited to 20 minutes. Someone might also suggest that if the children sat in a circle, instead of in rows, they would all be able to hear and see better, which among other things, would decrease Jerry's short attention span and distractibility and increase active participation in speech/language.

Suggestions to Facilitate Training in Observation Skills

Have teachers:

1) observe a film ("Jenny is a good thing") and have groups of 2 or 3 record activities in one of the six developmental areas. (Fine motor, gross motor, social, self-help, language, cognitive) seen in the film - compare observations.

2) observe video-tapes of their own classrooms and record activities in one developmental area, or record aggressive behaviors - stress the point that good observations need a focus.

3) observe 2 activity areas in the room and compare their effectiveness.

4) observe the behavior of a normal child and a child with special needs of the same age and discuss how the handicapping condition may affect behavior.

5) work up a functional form or system for daily observations of special needs children - recorded information should include what the child was able to do that hadn't been noted previously and what the child was unable to do that was expected from a child his age.

6) complete the classroom screening checklist on all children in their class that through observations, they may have questions about (checklist following) and discuss patterns.

7) Write a brief description of a child, strengths and weaknesses, through observation only.

8) Complete the following observation exercise to discriminate between what is observable and what is not.

CLASSROOM SCREENING

Child's Name _____ Age _____

Classroom _____ Date _____

LANGUAGE - A strong pattern of "no" indicates a need for further evaluation in this area.

		Yes	No
1.	Child makes himself understood without words.		
2.	Child speaks in thoughts complete enough to be understood.		
3.	Uses sounds in environment as clues - doorbells, sirens, etc.		
4.	Follows one step oral direction.		
5.	Follows two step oral direction.		
6.	Follows three step oral direction ("go to the table, get a book and bring it to the teacher").		
7.	Uses one word sentence.		
8.	Uses two word sentences.		
9.	Likes to listen to stories.		
10.	Child asks to be read to.		
11.	Enjoys looking at books and pictures.		
12.	Can describe or explain something that happened.		
13.	Participates in songs, singing games.		
14.	Replies and reacts to questions.		
15.	Child responds correctly when asked to put items in, next to, behind an object.		
16.	Child role plays in small groups using verbalization.		
17.	Makes personal associations to pictures and stories presented.		
18.	Child's speech contains few disfluencies.		
19.	Child is not hard to understand.		

LEARNING BEHAVIOR - A strong pattern of "yes" indicates a need for further evaluation in this area.

1.	Child gets frustrated and cries when he cannot solve a problem.		
2.	Child destroys materials or equipment if he cannot perform with it as he wants to.		
3.	Child <u>always</u> asks for assistance in solving a problem.		
4.	Cannot spend at least 5 minutes with one activity.		
5.	Has difficulty remembering what he has learned.		
6.	Cannot sit with a group for story time, class meeting or the like.		
7.	Can sit with a group but doesn't seem to understand.		
8.	Child seems disorganized (e.g., doesn't know how to start a project).		

CLASSROOM SCREENING

Child's Name _____ Age _____

Classroom _____ Date _____

FINE MOTOR AND PERCEPTUAL TASKS (Con't.)	Yes	No
8. Uses pencil or crayon for drawing.	____	____
9. Can copy a cross - + - and a square (4 years).	____	____
10. Child can cut with scissors.	____	____
11. Child can copy a horizontal line, a vertical line and a circle.	____	____
12. Child shows interest in painting at the easel, or fingerpaint.	____	____
13. Child can count items to three or four.	____	____
14. Understands big and little.	____	____
15. Child can categorize items (like and different).	____	____
16. Child shows consistency in choice of hand in writing, coloring, painting or throwing a ball.	____	____

SOCIAL EMOTIONAL - A strong pattern of "yes" indicates the need for further evaluation in this area

1. Child does not make friendly moves towards adults.	____	____
2. Child does not make friendly moves towards children.	____	____
3. Child does not like to be touched.	____	____
4. Child hangs on to adults.	____	____
5. Child cries when being left at Center.	____	____
6. Child does not answer when spoken to (in a language he understands).	____	____
7. Child withdraws from adults.	____	____
8. Child withdraws from children.	____	____
9. Child hits out at adults.	____	____
10. Child hits out at children.	____	____
11. Child bites others.	____	____
12. Child bites self.	____	____
13. Is not independent in routines -- toilet, feeding, dressing.	____	____
14. Needs much help in routines.	____	____
15. Cries easily without apparent cause or reason.	____	____
16. Does not take things apart to explore because of natural curiosity.	____	____
17. Does not put things together after taking them apart.	____	____
18. Breaks things and materials with no apparent reason.	____	____
19. Bullies other children.	____	____
20. Teases other children.	____	____
21. Teases adults.	____	____
22. Seldom or never comes to adult for physical contact.	____	____
23. Prevents adults from displaying comforting or friendly physical contact.	____	____

CLASSROOM SCREENING

Child's Name _____ Age _____

Classroom _____ Date _____

SOCIAL EMOTIONAL (Con't.)

7. When this child is scolded or criticized, does he become either very aggressive or very sullen and withdrawn? If so, which?_____

_____

____always ____usually ____sometimes ____seldom ____never

8. Does this child show confidence and assurance in his actions toward his teachers and classmates?

____always ____usually ____sometimes ____seldom ____never

9. Does the child seem to enjoy himself?

____always ____usually ____sometimes ____seldom ____never

10. Does the child learn easily?

____always ____usually ____sometimes ____seldom ____never

11. Behavior toward teachers: Resists authority ____, Withdrawn, no testing of limits ____, Uncooperative ____, Cooperative ____, Helpful ____, Other: _____

12. Behavior toward peers: Very hostile, aggressive ____; Interferring, disrespectful of others ____; Parallel play (works alone but respects others rights) ____; Associative play, works cooperatively with others ____; Other: _____

13. Understanding the limits: Defiant, uncooperative ____; Withdrawn, no testing of limits ____; Forgetful, needs to be reminded and supervised in play ____; Cooperative ____; Independent, internalizes rules ____; Other: _____

COMMENTS:

_____
Signature - Classroom Teacher

ASSESSING

Assessment is the second step.

It involves asking the questions:

.....What do you know about this child from observing him?
What have others (parents, past evaluators) told us about this child?

.....What problems have been identified to date which need further in-depth evaluation in order to program for this child?
What does he do, what can he do, and what does he need to work on?

Be sure that you have

.....discussed observations with all staff.

.....decided which questions still are unanswered and need to be the focus for further evaluations.

.....duplicated and have ready classroom screening form, LAP, or appropriate assessment tool.

Purpose of Learning to Administer an Assessment Tool

1) Increases abilities to assess the functioning of all children.

2) Increases teacher observation skills.

3) Increases understanding of the stages of normal child development.

4) Increases understanding of children identified who exhibit specific weeknesses or delays.

5) Enables the teacher to develop an educational program.

The Learning Accomplishment Profile, available through Kaplan School Supplies (Winston-Salem, North Carolina), normally called the L.A.P. is used in the SPIN program to assess a child's accomplishments in 7 areas of development: gross motor, fine motor, pre-writing, cognitive, language, social-emotional and self-help. The L.A.P. is not an I.Q. test. It does not measure one

Materials for the Fine Motor Section: (Con't.)

formboard,
egg beater,
scissors,
straight pins/bowl,
nails/hammer/board,
pencil (2),
crayon (2),
beads/string,
peg board/pegs,
6" square piece of paper,
shoes with laces,
6 pieces of plain paper,
1 piece of paper with straight line drawn on it,
15 pieces (small) of plain paper,
drawing of incomplete man,
models (to copy) of circle, V, H, T, 2 diamonds, cross, star, square, triangle, rectangle with diagonals.

Materials for the Cognitive Section:

book with big pictures of familiar objects,
mirror,
doll,
small ball,
pencil,
spoon (2),
cup,
small plastic animal,
block (2),
penny,
key,
shoe,
knife,
car,
fork,
chair,
table,
pick a pair game,
18 common objects pictures from Peabody kit,
13 action pictures,
color cubes,
2 boxes of crayons (16 colors with paper pealed off),
paper with 2, 3, 4, 5 circles drawn,
7 piece puzzle,
rectangle in 2 triangular pieces,
3 containers of varying weights (heavy, medium, light),
matching textures items,
2 dimes, 2 nickels, 2 pennies.

This is a sample of LAP Training:

1. Discuss purposes of learning to administer the LAP.

2. Relate procedures for administration.

   a) Where to administer
   b) Materials
   c) Where to begin administering (age level)
   d) Team administration (tester/scorer)
   e) Ask teachers to consider the feasibility of this method of administering the LAP.

3. Pass out LAP sections to be administered - training should focus on one section at a time.

   a) Tester will use short LAP form for administration
   b) Scorer will mark directly on LAP

4. Relate schedule for the day - or order of in-service.

   Training teachers should be assigned to a specific area of assessment with their tasks clearly delineated for them. Example:

   Child - Jim Smith (concerns - fine motor and speech and language)

   Teacher Tester - Wilma Jones
   Teacher Scorer - Pat James Fine Motor

5. Discuss points to note while observing administration. Particularly comment on manual as it relates to quality of performance.

6. Model procedures for the group or have SPIN Trainers from the previous year demonstrate items.

7. Trainees practice on each other.

8. Briefly relate concerns about specific children who will be evaluated.

9. Trainees administer LAP to children from child care centers.

10. Scoring LAP's. Interpret meaning of comments on quality of performance.

11. Group discusses children tested.

12. Repeat for each section of the LAP.

FORM FOR TESTING 5 CHILDREN AT A TIME

School

Date / Teacher/Tester / Teacher/Recorder	NAME: AGE: B.D.:			NAME: AGE: B.D.:			NAME: AGE: B.D.:			NAME: AGE: B.D.:			NAME: AGE: B.D.:		
FINE MOTOR DEVELOPMENT (3-4 year olds)	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date	+/- date
DEVELOPMENTAL AGE BEHAVIOR																
30-35 mo. paints, strokes, dots, circles, shapes																
35 mo. cuts w/scissors																
36-48 mo. picks up pins																
36-48 mo. drives nails																
36-48 mo. builds tower of 9 cubes																
36-48 mo. holds crayon by fingers																
36-48 mo. close fist & wiggle thumb																
36-48 mo. six pegs in hole																
36-48 mo. imitates bridge																
36-48 mo. strings beads																
48-60 mo. tower of ten cubes																
48-60 mo. folding 3 times																
48-60 mo. folds triangle from 6" square																
48-60 mo. laces shoes																

LANGUAGE SAMPLE

Write down everything the child says. Please note these points as you are looking at the child's language.

1. How many words does the child put together?
   (1 word -- 2 words -- 3 words -- a regular sentence?)

2. Does the child speak on his own or do you have to prompt speech?

3. Is the child's speech easily understandable?

4. Language Sample - Remember, write everything the child says!!!

Tips for Trainers

1) Be prepared! Have all materials collected and arranged before beginning.

2) Be positive! Give lots of praise, talk with the child, have a good time. If he is not able to do an item, say something like: "You really tried hard", "good try", "that was a hard one", "O.K.".

3) Watch your language! Don't ask if they can do an item. Instead, say something like:

"Show me _____"
"Let me see you _____"
"Now it's time to _____"
"It's your turn to _____"
"Do what I did."

4) Watch your Materials! Hand out only the materials for one item at at time and remove them before presenting the materials for the next item. Keep the materials out of children's reach.

5) Rules of Thumb:

a) Usually start one year below age level.
b) Usually give three chances for an item unless it's mentioned otherwise.
c) When demonstrating, make sure the child is facing the same direction.
d) Make sure you have the child's attention, before demonstrating -- "watch me", "now it's my turn, then you can have a turn".

Suggestions to Facilitate Training in Assessment

Have day care teachers:

1) Critique a video-tape of themselves giving a section of the L.A.P.

2) Turn in a completed L.A.P. on a selected child including:

name:
birthdate:
age in months:
age level marked with a red line
comments section complete as possible
ceiling indicated (point at which child misses 3 out of 5 items)

3) Observe a L.A.P. being administered, two at a time, compare comments section.

4) Participate in staffings, using observations and completed assessment tool.

STAFFING

When initial observations and assessments are completed, the staffing process should begin. The following questions should be discussed.

What kinds of staffings are there?

Placement (initial or planning) staffings.

Progress staffings.

Evaluation or recommendation staffings.

What is the purpose of a staffing?

To take a comprehensive look at one child for purposes of planning.

To share information with members of the team.

To set up consistent behavior procedures.

What must be done before the staffing?

Classroom screening checklists.

Observations must be up to date.

Records must be up to date (medical developmental history).

LAP's must be completed before the first six-week staffing.

Parents should be contacted and concerns noted. (Parents should be invited to participate in a staffing.)

All people working with that child should be notified of the time, date and purpose of staffing (social worker, speech/language therapist, occupational therapist, welfare worker, handicap coordinator).

When should the staff request an outside evaluation?

Any child whose McCarthy Scale (standardized test) and/or LAP shows across the board lags of two years or more probably needs to be referred to a psychologist for formal diagnostic assessment.

STAFFING OUTLINE

CENTER _____ CHILD'S NAME _____

TEACHERS _____ BIRTHDATE _____

AGE _____

REASON FOR REFERRAL:
(List all teachers' concerns)

_____

_____

_____

_____

PRESENT FUNCTIONING:
(Be specific in terms of change and continued concerns)

_____

_____

_____

_____

FUTURE GOALS:
Educational plan - for six developmental areas. These are classroom developmental objectives.

_____

_____

_____

PLANS:
List plans concerning --

A. Family _____

B. Main Area of Concern _____

SPIN PROCESS REPORT

DATE: _____

_____ _____ _____

CHILD'S NAME B.D. AGE

_____

DAY CARE CENTER

INTAKE INFORMATION (Parent, teacher, social work reports; results of testing)

Initial Plan for Child	Program Implementors
1st Quarter Staffing	
2nd Quarter Staffing	
3rd Quarter Staffing	
4th Quarter Staffing	

includes what the child does, under what conditions, and how accurately.

For example: "Philip will cut with scissors around several different shapes without going out of line independently 90% of the time", or "Rosie will initiate contact with other children by verbally and physically playing with them every day without teacher modeling".

The objective is further broken down into small, sequential steps. This is your task analysis.

Objective: Tom will print the capital letters V-H-T upon verbal request.

Task Analysis:
Tom will hold pencil adaptively.
Tom will scribble.
Tom will imitate and copy horizontal, vertical and circular strokes.
Tom will imitate and copy V-H-T.
Tom will print capital letters V-H-T.

The last step is the objective or major skill you want to teach.

In summary, a child's individual program consists of observations, assessment of performance, long range goals and objectives. (See sample form for program plan.)

Rule of Thumb: Choose no more than three objectives at a time for each child.

DESIGNING AND IMPLEMENTING

Once the teacher has decided what she plans to teach, she must then decide how to teach it. This involves asking the questions:

> What activities will help the child accomplish his objectives? What are the child's interests?
>
> What and how is the best time to work on this objective? What part of the day is the child alert, energetic?
>
> What methods work best with this child? Should he work in a large group, small group, or individually?
>
> Which staff is appropriate to teach this objective and relates best to the child?
>
> What materials will I need? If you do not have needed materials, scrounge, borrow, build or ask parents, team members, consultants, public school teachers, community people if they have materials.

The teacher should set aside part of staff planning time as preparation time to allow for borrowing, making and gathering materials and for organizing her curriculum. At this point, the teacher has the opportunity to experiment and be creative with her approach. She can try new methods, materials, activities and strategies.

The following questions are considerations when planning schedules:

TEACHER CONSIDERATIONS IN PLANNING SCHEDULES

REGARDING CHILDREN:

1. Who are the children in your group?
2. How will you assess their needs and get to know them?
3. What are the children's interests?
4. How old are the children?
5. Where are they functioning developmentally?
6. How many children do you have?
7. What are their special individual needs? How will you provide curriculum for those needs in the regular schedule?

DAILY PLAN
(Sample)

8:05 - 8:15 Objective To develop readiness

Skills _____

Teacher _____

8:15 - 8:30 Conversation Time - Welcome

Activity:

Objective _____

Teacher _____

8:30 - 9:00 Learning Time

Activity:

Objective 1. _____

2. _____

3. _____

Individual Objectives 1. _____

2. _____

3. _____

4. _____

Teacher _____

9:05 - 10:15 Interest Centers Open
Activities Available - prepared by teachers

1. Manipulative toys
2. Blocks
3. Doll House
4. Art Activity
5. Sensory (water-beans)
6. Quiet Area - records and books
7. Science

Individual Language and/or Motor Times

1. 3.
2.

LESSON PLAN

CLASSROOM _____

GROSS MOTOR
OUTSIDE TIME (MAZE)

DATE: January

TEACHER Barry

GENERAL PLAN

OBJECTIVE

Balance and climbing skills.
To develop prepositional concepts regarding body in space (over, under, through, in and out, etc.)

MATERIALS

Steps
Balance Boards
Standards
Barrels
Ladder
Collapsible Platform
Small Cable Spools
(for stepping stones)

PROCEDURE

Each piece of equipment should be put so it allows movement to next part easily. Maze parts may be integrated with large platform and/or hill, or any other playground equipment.

EVALUATION

INDIVIDUALIZED PROCEDURES

Gloria: Needs basic climbing and balance on low levels. One word input combining language and motor (up, climb, etc.)

Heather: Needs climbing and balance on high levels; talk about body orientation in space - narrate her movements.

Angelina: Climbing and balance on low levels, body awareness and orientation in space. May need close supervision and encouragement.

Stephanie: Same as Angelina

Tony: Needs coordination of left versus right; and reciprocal body movements. Teacher may help him verbally plan his movements.

Susan: Needs a lot of successful experience in climbing and balance. Teacher should be on hand to help allay fears; may need to give visual cues or aid in moving her body to accomplish task.

Paul: Very low level balance (board on ground). Will need teacher for encouragement and supervision.

Danny, Richard, Vincent: Have good motor development. Teacher may encourage dramatic play and social awareness.

TIPS FOR IMPLEMENTING THE PROGRAM AND PREVENTING CLASSROOM CHAOS

List the week's schedule and individual program plans on the blackboard or on long sheets of paper so all staff can see and add to or change them.

Schedules should provide children with a consistent time sequence for the day.

When the room is physically well set up and the planned activities are appropriate for the children, the teacher is then free to interact and enjoy the children.

Decide who is responsible to carry out each activity, when (time period of day), with how many and which children and the teaching period.

Consider the child's learning style - some active children do best if they are able to freely express their activity upon arrival at school, and then are able to settle down, focus in and attend. Other overly active children do best if they are highly structured immediately, and work their way up to the end of the day with a chance to release excess energy.

A balance of large group/small group activities and child directed/teacher directed activities seems to work with most groups of children.

Schedule activities like task analyzing objectives. For example, if an objective for a child is in the pre-writing area, start out with easel painting - crayoning - magic marker - pencil. That is, start from most concrete and easy to abstract and difficult.

Provide many, clear directions.

Make sure each child knows where he is supposed to be and what he is supposed to be doing at all times. Gestures or physical guidance may be necessary

Careful planning is a great prevention measure. Have everything you need on your tray so you won't have to leave the group.

Remind children when it is almost time to finish an activity so they have time to finish up and prepare for the next activity. Give them time to do this for themselves. Be aware of their timing as well as your schedule.

Keep the children occupied and interested. Make use of emergency equipment: books, play dough, puppets, etc.

If a child finishes an activity sooner than the others and is having a hard time waiting, give him a special job: wiping the table, collecting papers, gathering equipment, helping others.

Keep things moving. There's no excuse for nothing to do. Everything is intriguing to preschoolers if you work through the tips they give you.

Use much eye contact, especially while reinforcing.

If you need to refocus a child's attention, calling his name and directing a question to him usually helps. A gentle pat on the back or pat on the leg adds a personal touch.

If necessary, <u>casually</u> separate children who set each other off. Seat such children apart and yourself in the middle if needed.

Your voice and mood will be a key factor in the children's reactions to an activity. (If an activity is boring to you, it will probably be boring to them, too.) Putting a little pozazz in your voice helps get the kids more excited. Don't be afraid to smile and laugh with them when appropriate and don't be afraid to use firmness. Talking quietly and slowly sets another mood.

Teachers who are competent at program design and implementation are able:

1. to write specific, observable, measurable objectives for each child.
2. to write and implement task analysis of objectives.
3. to develop activities, methods, materials appropriate to objectives that are fun for children.
4. to integrate child into combination of 1:1, small group and large group activities.
5. to implement appropriate schedule in regard to individual short term and long term goals.
6. to design and implement physical environment to meet individual, group, and class needs.
7. to integrate seven areas of development into daily lesson plans: fine motor, pre-writing, gross motor, language, cognitive, self-help, and social/emotional.
8. to communicate a child's progress in written and oral form.
9. to develop a consistent plan for working with inappropriate behavior.
10. to evaluate, revise and redesign program plans when necessary.

Sample Handouts for Trainees on Developmental Areas and/or Curriculum

1. Block Building Handout.
2. Plan for Block Building with child.
   Model of curriculum idea plus individualized plan.
3. Fine Motor activities.
4. Ideas for Speech and Language Time.

BLOCK BUILDING

This versatile activity spans both areas of gross and fine motor skills. Regardless of the size of the blocks, all block building involves common elements. Some of those elements include manipulating and orienting objects in space, enclosing and defining space, using visual motor coordination, using

Stage 7. Children's buildings often reproduce or symbolize actual structures they know, and there is a strong impulse towards dramatic play around the block structures.

OTHER CONSIDERATIONS

Block building can provide opportunity for gross motor play, dramatic play, and enacting activities of daily living. Gross motor activity comes in using large blocks (heavy and light), jumping over blocks, creating a maze or obstacle course to crawl under, over, through, and between. Dramatic play can be sparked by creating structure that suggest use of imagination... acting out stories, pretending to be imaginary characters, taking on roles, and so on. Structure suggesting or representing houses, towns, schools, and stores are fertile ground for imitative and dramatic play enacting daily living activities like shopping for groceries, visiting a friend, cleaning house, preparing a meal, going to the post office, etc.

Activity for Vincent and Other Children

Materials: Large wooden and cardboard blocks.

Area: Large enough to work in, but having defined limits.

Time: 15-30 minutes.

Objectives:
1) To provide a transition activity between gross motor and fine motor activities.
2) To providing an opportunity for strengthening arms and hands.
3) To encourage visual motor control.
4) To encourage gross motor interaction with structure.
5) To build a simple maze or obstacle course that he can climb through, jump over, go between and/or crawl under various parts.

Preparation: Think ahead of time how a simple maze could be constructed.

Blocks can be placed on and for height placed about 12" apart

Watch what he builds and add on to his ideas if appropriate. He may want to do it independently or he may need some help and structure.

When a structure is built, have him crawl under and around, jump over, walk between the parts, whatever is appropriate. Then do the movements in a different sequence. Make adaptations in the building for different movement patterns. His success can be heightened by having the other kids use it and add to it.

Simple drawings of possible structures could give visual cues for what can be done. Increasingly smaller blocks can be used and 1" blocks can be worked with in the fine motor area. There he can build original structure or copy or imitate 3D or 2D designs.

ADDITIONAL FINE MOTOR ACTIVITIES

1. Use of playdough, modeling clay, and ceramic clay - for arm, hand, and finger strength, motor planning, use of both hands together.

   What to do: Introduce materials requiring use of greater strength (ceramic clay can be soft or stiff depending on water content).

   Have child knead, punch, slap, poke, pat, pinch, roll, pound, squeeze, and squish clay between fingers; make rubbing impressions with fingers, and press handprints.

   Use tools with clay to make impressions, cut, or otherwise manipulate: knife, fork, spoon, cookie cutter, rolling pin, objects to stamp designs, etc.

   Make 3D forms.....balls, cubes, snakes, rings.

   Make representational objects.....animals, human head and face, etc.

4. Bubbles - for visual tracking, visual motor coordination, fine motor control.

   What to do: Use bubble blowing solution.

   Blow bubbles for children. Have them watch a bubble till it falls and breaks, take turns breaking bubbles one bubble at a time or three or four at a time; require children to use specific body parts to break bubbles.

   Have children blow bubbles to each other, for themselves; they must learn to aim the air stream and to use the right amount of power to produce bubbles.

5. Clothes pin color matching - for hand and finger strength.

   What to do: Simply have child match pins and appropriate color strips.

   Have the child name the color he is matching.

   You say the name of the color and have the child find and match the right pin.

   Variations: More colors can be added.
   Use different things to match.....forms, designs.

6. Fill jars with sand, water, beans to level indicated with rubber bands - for eye-hand coordination, arm and hand strength, motor planning.

   What to do: Use different items to fill jars such as spoons, scoops, hands, cups, measuring cups, small pitchers. Also use sponges, small enough to handle, and squeeze water from the sponge to fill jars.

   Use jars of various sizes with different sizes of openings.

   Place rubber bands at different levels.

7. Peg boards, pegs, and rubber bands - for motor planning, visual motor coordination, and some strength.

   What to do: Stretch rubber bands around pegs, going vertically, horizontally, etc.

   Start with pegs close together, then move them further apart.

   Use pairs of pegs, then more complex groups of pegs.

e) Work up to 5 cards with 4 cards turned over - which ones are missing?
f) Later, have child point to card and name missing picture to develop strategy.

3. Casual conversation is important.

a) "What did you eat for breakfast?"
b) Show pictures of choices - help the child to structure his sentence.
c) Lesson without pictures and with no cues.

4. Auditory memory task (and auditory discrimination and association).

a) Teacher claps hands and hits table.
b) Child repeats in order.
c) Teacher claps hands, hits table and rings bell.
d) Child must repeat in order (90% of time correctly).
e) Lead up to finer discrimination such as loud or soft, fast or slow pace.

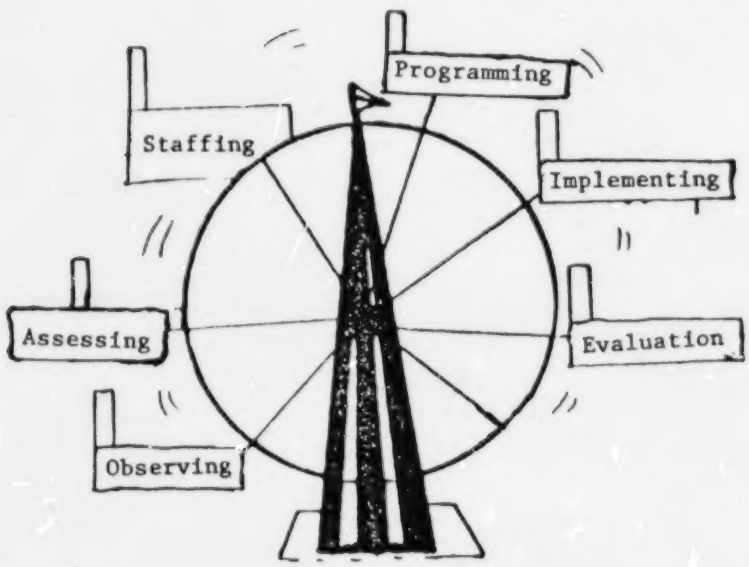
5. Prepositions.

a) Under, in front, behind, beside.
b) Increase vocabulary.
c) Teacher says, "Put the dog in front of the box." -- repeats and demonstrates.
d) Ask child - "Where did I put the dog?" -- "In front."
e) Ask child to do it.
f) Repeat till 90% correct.
g) Test with "in front of" and "on".
h) When 90% correct discrimination work on "beside" alone.
i) Test with two other prepositions she or he knows.
j) Use bodily action - "April, stand <u>in front of</u> the door."

6. Increase verb vocabulary using action pictures.

a) Ask child what's happening in picture.
b) If child unable to respond, point out parts and label.
c) Reinforce child for repeating sentence.
d) Drill one card at a time until you work up to 5 cards.
e) Child must verbalize parts (noun and verb) into whole sentence, (2-5 words).

If the child needs to repeat a task, you are probably still on implementing. If the child is moving towards the next objective, you have gone completely around the wheel and need to spin it again to assessment. In either case, the child's records should be updated at this point and his progress should be reported to his parents.



Data and specific strategies generated by record keeping are useful for several reasons:

1. Data helps teachers accurately define and specify behaviors.
2. Data indicates whether the program is working or not.
3. Data is the basis for determining whether a program is to be altered or stopped.
4. Specific information helps parents more rapidly learn new techniques with their children.
5. Specific information is necessary for volunteers to work with students.
6. Both accumulated and summarized data are necessary for program accountability and planning.

What: The following records should be kept in a child's folder and should be easily accessible to assist in program planning for the individual child and/or his family.

1. Developmental history (intake).
2. Health notices.
3. Parental consent forms either for release of information or to request information.
4. Initial classroom report.
5. Classroom screening report.
6. LAP scored and graphed - long and short term objectives.
7. Daily observations and anecdotal records.
8. Process reports used at tri-yearly staffings.
9. Mid-term reports.
10. End of year reports.
11. Records from other agencies: physicians, child development centers, speech therapists, physical or occupational therapists.

UNIT #5

HOW TO FIND OUTSIDE RESOURCES

Definition: The child with special needs often requires the help of specialists, persons trained to help children adjust to or overcome handicaps. The educator needs the specialist to learn about special methods that can be used in the regular classroom and the specialist needs the educator to help the child on a daily basis. The child and his family need both.

It is obvious that the special child, his family and his teacher need the specialist; a problem remains, how to find such persons.

Implementation: Have a conference with the child's parents to explain your concerns, to gain his or her coperation, and to plan the strategy for helping the child. Have any permission or release forms signed.

(The parent's cooperation is critical to gaining services for the child.)

9. Are the teachers prepared to carry through with the specialists' recommendations?_____

10. Do I have any personal contacts in any appropriate service agency that I can call on for help or information?_____

11. Am I willing to pursue services in spite of cutbacks?_____

The following people can be helpful in determining the child's needs and referring the child for service:

A Public Health Nurse can help with medical screenings, developmental screenings and families and is located through Public Health Service.

An Occupational or Physical Therapist can help with fine and gross motor problems:
- Universities
- Special Agencies
- Hospital Clinics
- Child Development Clinics

A Speech Therapist can help with speech and language delays. They can help with problems related to hearing:
- Universities
- Special Agencies
- Hospital Clinics
- Child Development Centers
- Speech & Hearing Centers

---------- Supervised graduate students are an inexpensive resource.

Make other agencies and volunteer groups aware of the children with needs.

(Often transportation or a small petty cash fund can make or break a special needs program.)

Once you have a resource identified, communicate. Demonstrate your interest and appreciation.

(Send your records immediately, call and ask what additional information is needed, request written reports, request an in-service. Extend invitations to visit.)

When should parent conferences occur?

1. When a parent picks up a child or brings him to the center, stop and talk to the parent. Say something positive about the child and about the parent, too. Give the parent a drawing done by the child, or explain something the child did that day if it's pick up time. Remember, parents of children with special needs most often get told what their child cannot do. Imagine what it must be like always to have people telling you what is wrong with your child -- never to have the pleasure of hearing what a delight your youngster is. Listen to the parents' comments and practice active listening (see useful techniques on next page).

2. At set times during the year (three or four), hold an individual conference with parents to catch up on the child's progress both at home and at school. At these times, using the LAP is very helpful. You can show a parent what his/her child has accomplished and what the youngster is presently working on. You will also learn from the parent how the child functions at home.

3. Parent meetings are an excellent time to give general child development information or to focus on parents' feelings and problems. It is a hard row to hoe having a special child. Parents need to know how other parents handle their problems; they need to know that other people have similar problems; they need to share.

4. Home visits are times to see a parent and child in "their" natural environment. It is often a time when mothers ask for help around daily problems like meal-time or bedtime behavior. It is also a

8. Have an agenda; stick to it.

9. Schedule a beginning and end for a conference - no more than an hour.

10. Have a system for recording what happens at parent conference.

DON'T:

1. Ask "why" - puts parents on the defense and cuts off sharing.
2. Ask "How do you feel" - difficult question for parents.
3. Make value judgments or evaluative statements.
4. Make decisions for parents.

Suggestions to Trainers:

Since many teachers are uncomfortable about parent conferences even when discussing normally developing children, and most teachers are unfamiliar with the process of coping with feelings aroused by children with handicaps or special problems, a training session on communication skills is highly recommended for any teacher training program.

The following format is suggested as an introduction to working with parents. Many training facilitators feel comfortable conducting these sessions. Others choose to invite a social worker to direct the proceedings.

In either case, the meeting should focus on two issues:

1. Reasons for parent/teacher interactions whether in groups or at individual conferences.

whether there are differences between the child's home and school behavior. The teacher will share information about the child's development and about what they do at school (not babysitting). The teacher has been told that this is a lady with lots of problems which crowd out her concerns about her child. She will therefore also be assessing the need to refer the mother to a social worker or another outside agency.

Tic - involuntary arrhythmic stereotyped movement of muscle groups - often resembles voluntary movements

Myoclonus - involuntary quick non-rhythmic contraction of single muscles or muscle groups (usually sudden jerky movement)

Tremor - involuntary shaking or trembling movement

Clonus - involuntary regular repetitive movement of a joint, set into action by testing a reflex or sudden movement of the joint by the examiner

Tactile - relating to touch or sense of touch

Kinesthesia - the muscular sense perception of movement of one's own body - knowing if, when and where one's body is moving

Proprioception - has to do with knowing the whereabouts and position of parts of one's body - not movement though. The proprioceptive sense organs are located in muscle, tendon, ligaments, joints (not skin)

There are other sensory modalities - such as sense of temperature, pain, pressure, vibration, vision, etc.

There are cerebral or combined sensory functions which are not pure sensory recognition, but involve integrating perceptions of different sensory modalities, integrating past memory, experience, etc. Examples are:

Two-Point Tactile - ability to tell whether one or two entities touch oneself

Topognosia - localizing cutaneous stimuli (where was I receiving touch, pain, etc.)

Graphesthesia - recognition of figures or forms written on skin

Stereognosis - the appreciation of form of an object by means of touch - we usually test this clinically by object recognition, recognition of textures, discrimination of size or weight, etc.

Haptics - the science of the tactile sense - some people use similarly to stereognosis.

Guosia - perceptive faculty enabling one to recognize form and nature of persons and things - stereognosis is one type - there are others as visual gnosis, etc.

Agnosia - lack of above ability.

score; 0 is synonymous with absence of life - scores below 7 correlate well with high risk of problems in newborn period and in later life.

Cephalohematoma - cephalo - head, plus hematoma - collection of blood like a bruise - often means difficult delivery is etiology.

Moro - a reflex found in normal newborns.

Rooting - a reflex found in normal newborns.

Renal - relating to kidney.

Gastric - relating to stomach.

Tetany - muscle twitching - often associated in newborn with low blood levels of calcium - sometimes of low blood sugar.

Epilepsy - a condition where a person has convulsions (fits) - usually recurrent - and where no known cause can be found (such as brain tumor, low blood sugar, kidney failure, etc.)

Fontanel - the soft spot on babies' heads.

Sutures - usually referring to the area where two bones of the skull are in proximity.

D.P.T. - immunizations for Diphtheria, Pertussis (whooping cough) and Tetanus

Rubella - German Measles

Rubeola - Ten-day or "hard" or "red" measles

Varicella - chickenpox

Roseola - a viral disease usually occurring in first two years of life - has rash, high fever, and is usually benign

Dysuria - pain or discomfort accompanying urination

Hematuria - blood in urine

Polyuria - large quantities of urine

Enuresis - involuntary discharge of urine - Nocturnal Enuresis - "bedwetting"

Otitis - usually means otitis media - infection of middle ear

Clinodactyly - permanent deviation or deflection of a finger

Simian Crease - a type of crease in the palm associated with Down's Syndrome - may be seen in normal people

objects or concepts. The level of concept formation achieved is important. A trichotomy which has proved useful is that of the concrete, the functional, and the abstract. Exemplifying this would be the apple-banana item: the concrete level, "they have skins"; functional level, "they can be eaten"; higher order abstraction, "they are fruit".

Arithmetic -- this test measures ability to apply arithmetic processes in the context of verbal reasoning problems. It may also be considered as a test of concentration.

Vocabulary -- this test measures ability to define words learned from daily experience.

Comprehension -- this test measures use of judgment in social situations.

Digit Span -- this test can measure the following things: immediate memory of familiar auditory material; attention; ability to recall correct sequential presentation of digits.

Performance Tests

Picture Completion -- this test measures ability to identify parts from a missing picture. The function underlying achievement on this test is concentration acting upon visually perceived material.

Picture Arrangement -- this test can measure the following things: nonverbal social judgment; ability to sequence visual information correctly; ability to anticipate the consequences of initial acts or situations (planning ability).

Animal House -- like the Coding test on the WISC, this test requires the child to associate sign with symbol and may be considered as a measure of learning ability. Memory is a basic factor, but attention span, goal awareness, motor planning, and ability to concentrate are also involved.

Geometric Design -- the abilities measured by the test depend primarily on perceptual and visual-motor organization, the development of which is closely tied to increasing chronological age.

Sentences -- this test replaces digit span.

Standford Binet Scale of Intelligence - Form L-M

This test provides an overall measure of I.Q.; the age range is 2 years to adulthood. The Binet was the first standardized test of intellectual potential to be used. The test is administered by giving items at lower age levels until a "basal" age, where the child passes all tests in that section, is found. Testing is then continued with more and more difficult items until a "ceiling" is found; the ceiling is the age level at which all items are failed. This test yields a Mental Age Score, which is divided by the child's chronological age to yield an intelligence quotient. The Binet is not divided into subtests according to abilities; instead, the order follows an age progression. This test has been criticized because good performance depends heavily upon verbal skills. Therefore, children with cultural problems or developmental problems that interfere with language skills are penalized.

language development. The Mental Scale includes many more items than the Motor Scale, and yields a deviation Mental Development Index (MDI). The Motor Scale measures mostly gross motor activities such as sitting, walking, standing, walking on a line and going up and down stairs, and also includes a few fine motor items. It yields a Psychomotor Development Index (PDI). The Bayley is administered with the mother present. This test is not an accurate predictor of later school performance; rather, it provides a good index of the infant's development relative to other babies of the same age.

2. Developmental Screening Tests

Denver Developmental Screening Test (DDST)

The DDST is an easy-to-administer test that takes about 20 minutes. It is appropriate for infancy through six years of age. Four areas are covered: fine motor, language, and personal-adaptive development. The personal-adaptive items include self-help skills and social awareness. By drawing a line on the DDST form to indicate the child's chronological age, the examiner can easily spot in which of the four areas the child is developmentally delayed. The child should then be referred for more extensive evaluation in those areas. One advantage of this screening test is that the kit is compact and can easily be administered in a home or other non-clinic setting.

Slosson Quick Test of Intelligence

This test takes about 20 minutes to administer and can give a rough estimate of intellectual potential. All items are administered verbally and require verbal responses. Therefore, as with the Binet, children who have been culturally deprived, who have a different primary culture,

and Achievement Tests, teacher judgments, reading and arithmetic performances and various states of psychopathology. In general, the test appears to correlate with about everything. In spite of the author's recommendations, however, the data she presents regarding the use of the test to assess emotional problems are of such a nature as to preclude this use of the test. The number of false negatives and positives is too great to rely on the test for such purposes.

The Developmental Test of Visual Motor Integration (Beery and Buktenica, 1967)

This test is quite similar to the Bender-Gestalt insofar as the child is required to copy geometric shapes. In this test, however, the geometric shapes are varied in difficulty and are suitable for children from ages 2 to almost 16. The score obtained from the test is a developmental quotient, which is similar to a mental age and is expressed in years and months. The Beery consists of 24 geometric forms presented in a test booklet with a space underneath each form in which to copy the form.

Benton's Revised Visual Retention Test

According to the test manual, the Benton is a "clinical and research instrument designed to assess visual perception, visual memory, and visuoconstructive abilities". There are three alternate forms of the test. Each form consists of ten designs, with each design containing one or more geometric figures. There are several ways to administer the test. The two most used are Administrations A and C. In C, each design is simply copied on separate sheets of paper. In A, each design is exposed for 10 seconds, followed by an immediate reproduction from memory by the subject. This allows a comparison of visual memory with simple imitative visual-motor coordination.

performance with each hand individually, but poor bilateral performance can be indicative of bilateral motor coordination problems, stemming from a lesion or dysfunction affecting the anterior divisions of the corpus callosum. Such bilateral problems can cause difficulty learning to tie a shoe, cut meat, catch a ball, etc.

Wepman Auditory Discrimination Test

This test is useful for children whose verbal skills appear much poorer than performance skills. It gives a rough idea of whether the child hears sounds clearly. It is designed to assess the ability of children 5 to 8 years of age to discriminate between sounds by indicating whether pairs of words sound the same or different. The test consists of 40 word pairs which are read aloud to the child.

Spreen-Benton Aphasia Battery

Three subtests are used from the battery. The Token Test measures language comprehension free of any verbal response. The child uses twenty colored tokens of different sizes, shapes and colors. He moves them around to comply with increasingly complex verbal directions from the examiner. A performance at least one standard deviation below the mean indicates a disorder of comprehension. The Sentence Repetition Test requires the child to repeat sentences of increasing length. A disorder of imitative speech is indicated by a performance greater than one standard deviation below the mean. The Naming Test requires the child to name 30 objects, colors and body parts. Twenty percent or greater proportion of erros indicates an anomia.

7. Projective Tests

Rorschach

The test consists of ten symmetrical inkblots printed on separate cards. The subject is asked to "Tell what you see", "What it might be". Inquiry is conducted after each card. The subject should be allowed a minimum of 90 seconds with each card. The Rorschach Test is not a thing in itself, as it has sometimes been claimed to be, with theory being derived from the test, and test reports put in terms simply of test scores or low-level findings. Rather, the Rorschach Test is a means of observation of intrapsychic behavior. Test concepts and test centered lore may launch an understanding of this behavior, but a theory of personality is quickly required to make the most of this understanding in the total context of the person, and to guide this understanding in clinically useful directions. In practice, it is important to carefully score each response. Therefore, a general rule is to inquire enough to be able to score the response as you go along. A score is a symbol of a response which in turn is the end product of a perceptual-cognitive-emotional process that is set in motion by the stimulus of the blot. Without scores, it is simply too difficult for most clinicians to keep accurate track of how many and what kinds of processes occurred.

Thematic Apperception Test

This test consists of 20 pictures to which the subject is asked to tell a story. The full 20 pictures are rarely used. For boys use at least: 1, 3BM, 4, 6BM, 7BM, 8BM, 11, 12M, 13MF, 16, and 18GF. For girls use: 1, 2, 3, 7GF, 9GF, 11, 12F, 13MF, 16 and 18GF. The instruction is: I am going to show you some pictures and I want you to make up a story around each one of them. I want you to tell me what's going on in the picture,

several ways. First, there are separate sets of pictures for latency - aged boys, latency - aged girls, adolescent boys, and adolescent girls in order to encourage identification of the child with the main character in the picture. Second, the scenes portrayed, while open to various interpretations, are less ambiguous than those in other tests. Pictures pull for certain themes like aggression, mastery, peer relationships and self-concept, and how the child responds to the picture is an indication of how he copes with that type of problem in his life. Third, there are standards for different sexes and ages against which to interpret a child's responses. Administration is similar to that of the TAT.

Drawing Tests

There are a variety of human figure drawing tests that are used. The three most popular are: (1) Draw-A-Person. The child is asked to draw a person, and then is asked the person's name, age, and what the person is doing, thinking and feeling. Then the child draws a person of the opposite sex and is asked the same questions. Self-concept, body image and sexual identification are some of the areas that can be hypothesized about on the basis of the drawings. In addition to its projective uses, the Draw-A-Person can be scored for intellectual capacity, using norms developed by Goodenough; (2) Kinetic Family Drawings. The child is asked to draw a picture of his family doing something, and then is questioned about the activities and relationships. This yields information about the child's perception of family dynamics, relationships to family members, his self-concept and the nature of family activities; (3) House-Tree-Person. In this test, the child is asked to draw a house, a tree and a person. The relationships of the child to these elements in his environment are examined.

EARLY CHILDHOOD BIBLIOGRAPHY

General

Almy, Millie. Studying Children. New York: Teacher's College Press, 1966.

Beyer, Evelyn. Teaching Young Children. New York: Pegasus, 1968.

Brackbill, Y. & G.G. Thompson, (eds.). Behavior in Infancy and Early Childhood. New York: The Free Press, 1967.

Fraiberg, Selma. The Magic Years. New York: Norton & Company, 1959.

Gray, Susan W. and Rupert A. Klaus. Before First Grade. New York: Teacher's College Press, 1966.

Hartley, Ruth, et al. Understanding Children's Play. New York: Columbia University Press, 1952.

Hymes, James Lee. The Child Under Six. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963.

Isaacs, Susan. Intellectual Growth in Young Children. London: Routledge and Kegan, Paul Ltd., 1963.

Jersild, Arthur T. Childhood Psychology. Englewood Cliffs, New Jersey: Prentice-Hall, Fifth Edition, 1960.

Moore, Eleonora H. Fives at School. New York: G.P. Putnam's Sons, 1969.

Moustikas, Clark E. The Alive and Growing Teacher. New York: Philosophical Library, 1959.

Murphy, Lois B. The Widening World or Childhood. New York: Basic Books, Inc., 1962.

Evaluation

Anastasi, Anne. Psychological Testing (Third Edition). New York: The Macmillan Company, 1968.

Lyman, Howard, B. Test Scores and What They Mean. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963.

Remediation

Lerner, J. Children With Learning Disabilities. Boston: Houghton Mifflin, 1971.

Dance (Con't.)

Weiner, Jack & Udstone, John. Creative Movement for Children. N.Y.: Van Nostrand, 1969.

Andrews, Gladys. Creative Rhythm Movement for Children. Englewood Cliffs, N.J.: Prentice Hall, 1973.

Conner, Norma. And A Time To Dance. N.J.: Prentice Hall, 1966.

Bibliography for Parents (Con't.)

12. "Sesame Street Magazine for the Child"
Subscription cost: $3.50 per year. Publication of Children's Television Workshop.

13. "Adult Involvement in Child Development"
Gerald Paulaff and Gary Wilson
Humanics Press, Atlanta, Georgia 30309 $4.00

14. "What Every Child Would Like His Parents to Know"
(Paperback) Dr. Lee Salk
Paperback Library $1.50

15. "Your Rights As Parents of a Handicapped Child" $ .50
(Paperback) Copyright 1969
Published by: Co-Ordinating Council for Handicapped Children
407 South Dearborn
Chicago, Illinois 60605

16. "Your Guide to Services for Handicapped Children"
(Paperback) See #15 for publisher $1.50

17. "How To Organize An Effective Parent Group and Move Bureaucracies"
(Paperback) See #15 for publisher $1.50

18. "Teach Your Child To Talk" (A Parent Handbook)
(Paperback) By Staff of Developmental Language and Speech Center
Grand Rapids, Michigan
CEBCO/Standard Publishing Company
104 Fifth Avenue
New York, New York 10011

19. "Parent Effectiveness Training"
(Hardbound) By Thomas Gordon
Published by Wyden, New York, 1968 $6.95

20. "Parents are Teachers"
(Paperback) Research Press, 1974
Champaign, Illinois $2.95

21. "Children the Challenge"
(Hardbound) By Rudolph Dreikurs
Available from: Family Ed. Association of Champaign County
Mr. Don Brown, Book Chairman
905 Westfield
Champaign, Illinois 61820 $6.95

22. "Parents Guide to Child Discipline"
(Hardbound) By Rudolph Dreikurs
Available from: Family Ed. Association of Champaign County
See #21 for the address $3.95